



**EARLY LEARNING & CHILD CARE CENTRES
2013 CHILD CARE SCHEDULE REQUEST**

May & June

DATE RECEIVED IN OFFICE: (d) ___ (m) ___ (y) ___

APPROVED BY ADMIN: YES () NO ()

IF NO, STATE REASON: _____

SIGNATURE OF ADMIN: _____

PARENT/GUARDIAN NAME (PRINTED): _____

CHILD'S NAME: _____

DATE OF REQUEST: (d) (m) (y)

**Please indicate one of the following in EVERY weekday of the month:
the daily hours of care needed OR an "X" in the box beside "NO CARE"**

May 2013

WED 1	THUR 2	FRI 3
HOURS	HOURS	HOURS
From:	From:	From:
To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

MON 6	TUE 7	WED 8	THUR 9	FRI 10
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

MON 13	TUE 14	WED 15	THUR 16	FRI 17
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

MON 20	TUE 21	WED 22	THUR 23	FRI 24
CLOSED for VICTORIA DAY	HOURS	HOURS	HOURS	HOURS
	From:	From:	From:	From:
	To:	To:	To:	To:
NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

MON 27	TUE 28	WED 29	THUR 30	FRI 31
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

June 2013

MON 3	TUE 4	WED 5	THUR 6	FRI 7
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

MON 10	TUE 11	WED 12	THUR 13	FRI 14
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

MON 17	TUE 18	WED 19	THUR 20	FRI 21
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

MON 24	TUE 25	WED 26	THUR 27	FRI 28
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

SUMMER BREAK

I, hereby, confirm that the completed schedule request reflects my child care needs. I understand that I will be billed according to this schedule once approved. Additional days may be added ONLY IF SPACE PERMITS. Arriving unexpectedly cannot be permitted. Changes to the schedule (request to add days/cancel days/book vacation time) must be submitted in writing on the **Change to Schedule Form** TWO WEEKS BEFORE the change will occur. Full fees apply if notice is less than two weeks and when all "free" days are used.

Parent/Guardian Signature: _____ **Date: (d) (m) (y)** _____

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: APRIL 12, 2013

**** SPACES LIMITED ****