



**COOK'S HOME CHILD CARE AGENCY  
2013 CHILD CARE SCHEDULE REQUEST**

**August 16 – September 1**

DATE RECEIVED IN OFFICE: (d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_  
 APPROVED BY ADMIN: YES ( ) NO ( )  
 IF NO, STATE REASON: \_\_\_\_\_  
 SIGNATURE OF ADMIN: \_\_\_\_\_

<b>PARENT/GUARDIAN NAME (PRINTED):</b>						
<b>CHILD'S NAME:</b>				<b>DATE OF REQUEST: (d) (m) (y)</b>		
<b>AUGUST / SEPTEMBER</b>						
					<b>FRI AUG 16</b>	<b>SAT 17</b>
					<b>HOURS</b>	<b>HOURS</b>
					From:	From:
					To:	To:
<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>
<b>SUN 18</b>	<b>MON 19</b>	<b>TUE 20</b>	<b>WED 21</b>	<b>THUR 22</b>	<b>FRI 23</b>	<b>SAT 24</b>
<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>
<b>SUN 25</b>	<b>MON 26</b>	<b>TUE 27</b>	<b>WED 28</b>	<b>THUR 29</b>	<b>FRI 30</b>	<b>SAT 31</b>
<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>
<b>SUN SEP 1</b>						
<b>HOURS</b>						
From:						
To:						
<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>	<b>NO CARE</b> <input checked="" type="checkbox"/>

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: AUGUST 6, 2013**  
 \*\*\*\* SPACES LIMITED \*\*\*\*