



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

August 2-15

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)		
AUGUST						
					FRI 2	SAT 3
					HOURS	HOURS
					From:	From:
					To:	To:
NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 4	MON 5	TUE 6	WED 7	THUR 8	FRI 9	SAT 10
HOURS	CLOSED for CIVIC HOLIDAY / SIMCOE DAY	HOURS	HOURS	HOURS	HOURS	HOURS
From:		From:	From:	From:	From:	From:
To:		To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	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"/>	NO CARE <input type="checkbox"/>
SUN 11	MON 12	TUE 13	WED 14	THUR 15		
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"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>
NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <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: JULY 22, 2013

****** SPACES LIMITED ******