



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

**July 16 – August 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>JULY/ AUGUST</b>						
		<b>TUE JUL 16</b>	<b>WED 17</b>	<b>THUR 18</b>	<b>FRI 19</b>	<b>SAT 20</b>
		<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>
		From:	From:	From:	From:	From:
		To:	To:	To:	To:	To:
<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>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>	<b>NO CARE</b> <input type="checkbox"/>
<b>SUN 21</b>	<b>MON 22</b>	<b>TUE 23</b>	<b>WED 24</b>	<b>THUR 25</b>	<b>FRI 26</b>	<b>SAT 27</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 28</b>	<b>MON 29</b>	<b>TUE 30</b>	<b>WED 31</b>	<b>THUR AUG 1</b>		
<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>	<b>HOURS</b>		
From:	From:	From:	From:	From:		
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 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"/>	<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: JULY 2, 2013**

**\*\*\*\* SPACES LIMITED \*\*\*\***