



### FLEXIBLE SCHEDULES: CALENDAR OF CARE

One calendar per child

CHILD'S NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CENTRE/SCHOOL \_\_\_\_\_

Requesting Care for:

Month: \_\_\_\_\_

| MONDAY  | TUESDAY   | WEDNESDAY   | THURSDAY  | FRIDAY  | <b>Trip Days</b><br>Extra fees will be applicable. | <b>PD DAYS</b> are a separate registration. Information will be available in September. |
|---|---|---|---|---|--|---|
| <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |
| <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |
| <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |
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| <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | <input type="checkbox"/> Full Day<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |  |   |

**Additional Days:** Inquire as soon as possible for availability of extra day(s) required; Payment will be scheduled for next payment date.

**Cancellations:** not permitted after submission of calendar.

**Minimum Usage:** Child must be registered for a minimum of 4 days per month in full day Child Care.

**Payment Method:** Payment Method requested on Billing Contract – Child Care Registration, will be used for payment.

**Change Request:** Should a change be required, a new Billing Contract – Child Care Registration form **must** be submitted.

**Outstanding Balances:** any outstanding balances, from this calendar or previous calendars, will be added to the next scheduled payment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**To Submit Calendar:**

Email: [childcare.admin@osgb.ymca.ca](mailto:childcare.admin@osgb.ymca.ca)

Submissions can be made at centre, but child is not considered registered until received to our Child Care Administration Location.