

**GROWING CONCERN CHILD CARE CENTRE
REQUEST FOR CARE/CHANGES**

Child's Name Group

Month/Year Number of Days

Care Needed Vacation Cancellation Additional Days

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$ $\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$
 Full Days Rate \$ Total Half Days Rate \$ Total

Any Services requested must be accompanied by a cheque

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