

Request for Flex Care Schedule

Family Info	Pa	rent/Guardian 1	P	Parent/Guardian 2
Full Name				
Occupation				
Email				
Daytime Phone #				
the next. Children 0 to 4 years	of age, and famil edules will be rev	ies where both parents wor viewed on a case-by-case ba	'k non-standard shifts, wi ssis. To qualify, families m	anging schedules from one week to II be given priority though requests ust choose either a 3-day or a 4-day
Please describe your	family's wor	k situation and nee	d for a Flex Care S	chedule?
•				
Child(ren) / Fee Infor	mation	Child 1	Child 2	Child 3
Child's Full Name				
Child's Age				
Child's Age Current Program				
	[Full Fees	Full Subsidy	Partial Subsidy

By signing (or typing) my full name below, I acknowledge that my participation in this Flex Care Schedule program is based on my eligibility with respect to my/our work schedules. I agree to notify RisingOaks Early Learning Ontario should my work situation change and understand that it may disqualify me from the Flex Care Schedule program. RisingOaks acknowledges that once a child is approved for a Flex Care Schedule, it will do everything possible to continue to honour such a schedule until the child ages out of the RisingOaks' program and for so long as the family is eligible. If that is not possible, I acknowledge that RisingOaks will provide me with 45 days written notice of the end of such approval at which time I/we can determine any changes required to my/our child(ren)'s enrolment. I further acknowledge that a new Flex Care Schedule Request is required when my child transition from Preschool to Before/After School and it will be viewed s a separate application and with a separate approval process.

Parent/Guardian's Signature

Date	Supervisor's Reviewed Stamp							
PARENTS: CO	PARENTS: COMPLETE THE SCHEDULE ON PAGE 2 BEFORE SUBMITTING THIS FORM.							
Administration Use Onl	У							
Added to Sandbox on		Enrolment Set up?	🗌 Yes 🗌 No	Tag Added?	Yes No			
Approved by (Name, Date)		Tuition Override?	🗌 Yes 🗌 No	JE note?	🗌 Yes 🗌 No			
Comments:								

(2024-12) This document is available in alternate formats and/or with communication supports, upon request. This agreement may be signed in a number of counterparts and facsimile signatures are acceptable and deemed binding. We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.risingoaks.ca or contact your centre Supervisor for a copy.



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Child's Name:

Centre/School:

Based on your work schedule(s), please complete the calendar below by <mark>highlighting in yellow</mark> the days that you <u>do</u> require child care each week. To access the highlighter in Adobe Reader click on Tools, Comment.

Note – PA days are noted with green numbers. Closures due to statutory holidays, PA Days or other closures are noted in black fill.

January 2024							
S	Μ	Т	W	Th	F	S	
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			July			
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28	29	30	31			

October							
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27	28	29	30	31			

	February						
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			May			
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November							
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March

December							
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15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31	1	2	3	4	

Notes about the Calendar:

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