**Scheduled Children**

A scheduled child is a child whose attendance is rotating, and parents need to submit a calendar because the days of attendance each week over the month are not the same.

It is important for parents to understand that in the case of a scheduled child, a full-time position must be held for them, but they are attending fewer than five days a week. As such, the parent is paying for fewer than five days of care per week although they are, in effect, using five days a week. To help offset this discrepancy, a surcharge will be applied. Please see Fee Structure.

**We are obligated to maintain our licensed capacity at all times.** Therefore, priority will be given to the parents in the order that the calendars are submitted. Each calendar will be dated by staff to ensure that children are added to the attendance in the order they are received.

It is also important to submit a calendar to be properly invoiced for the month and MORE IMPERATIVE so that staff knows when to expect the child each day.

ALL PARENTS need to inform staff when their child will be absent from the program.  This ensures that staff is not anxiously looking for the child they expected to arrive.

All scheduled children, as according to our policy, must be enrolled a **minimum of two days per week in our toddler and preschool program and eight days per month for the School Age School Program.**

You **are responsible to pay for all scheduled days that you have submitted on your calendar, there will be NO substitutions for other days,** which means you cannot cancel days, but you may add days on, if space is available. The extra days will be invoiced at the end of the month and will reflect on your next month’s invoice. **Parents of scheduled children pay for absences as well as all statutory holidays.**

**Please sign that you have read and agreed to this information and submit with your registration forms.**

PARENT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_