Request for Flex Care Schedule

RisingOaks Early Learning Ontario

Family Info	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Occupation		
Email		
Daytime Phone #		

Eligibility: The Flex Care Schedule program is intended to support parents with shift work or changing schedules from one week to the next. Children 0 to 4 years of age, and families where both parents work non-standard shifts, will be given priority though requests for a school-age Flex Care Schedules will be reviewed on a case-by-case basis. To qualify, families must choose either a 3-day or a 4-day flex schedule but the days of the week can change weekly based on the parents work schedules.

Please describe your family's work situation and need for a Flex Care Schedule?

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Child(ren) / Fee Information	Child 1	Child 2	Child 3
Child's Full Name			
Child's Age			
Current Program			
Fee Type	☐ Full Fees	☐ Full Subsidy	☐ Partial Subsidy
Payment Method	☐ PAD	☐ post-dated chq	☐ Other

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: COMPLETE THE SCHEDULE ON PAGE 2 BEFORE SUBMITTING THIS FORM.

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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 __do__ 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	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
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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