

# May 2011 – Kindercare

Name: \_\_\_\_\_

School: \_\_\_\_\_

<b>AM Care &amp; KC</b> ___ x \$16.00/day= \$_____	<b>KC &amp; PM Care</b> ___ x \$19.00/day= \$_____		<b>AM Care &amp; KC &amp; PM Care</b> ___ x \$23.00/day= \$_____
<b>Kindercare Only</b> ___ x \$13.00/day= \$_____	<b>PM Only (NO KC)</b> ___ x \$10.00/day= \$_____	<b>AM Only (No KC)</b> ___ x \$7.00/day= \$_____	<b>Pro D/Seasonal Breaks</b> ___ x \$25.00/day= \$_____

TOTAL = \$ \_\_\_\_\_

All days booked are paid for and are non-negotiable, non-refundable or credited. **Calendars and payments are due no later than Thursday, April 21st, 2011 or you may not be assured a spot.** Please refer to 4.3 of the parent

\_\_\_\_\_  
Parent Signature

	Monday	Tuesday	Wednesday	Thursday	Friday	
AM	2	3	4	5	6	
AM K/C						
PM K/C						
PM						
AM	9	10	11	12	13	
AM K/C						
PM K/C						
PM						
AM	16	17	18	19	20	
AM K/C						
PM K/C						
PM						
AM	<b>CLOSED VICTORIA DAY</b>	23	24	25	26	27
AM K/C						
PM K/C						
PM						
AM	30	31				

**SUPERVISOR USE ONLY**

Date Calendar Received: \_\_\_\_\_ Total Amount Billed: \$ \_\_\_\_\_

Subsidy Amount Claimed: \$ \_\_\_\_\_ Claim #: \_\_\_\_\_ Date Subsidy Claim Submitted \_\_\_\_\_

Parent Portion Amount \$ \_\_\_\_\_ Date Billed: \_\_\_\_\_

Cheque Amount \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Cheque Date: \_\_\_\_\_

Cash Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Received: \_\_\_\_\_

I accept the "Total Amount Billed" is true and correct.  _____ Staff Initials
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