

November 2010 – Kindercare

Name: _____

School: _____

AM Care & KC ___ x \$16.00/day= \$ _____	KC & PM Care ___ x \$19.00/day= \$ _____		AM Care & KC & PM Care ___ x \$23.00/day= \$ _____
Kindercare Only ___ x \$13.00/day= \$ _____	PM Only (NO KC) ___ x \$10.00/day= \$ \$ _____	AM Only (No KC) ___ x \$7.00/day= \$ _____	Pro D/Seasonal Breaks ___ 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 October 21, 2010 or you may not be assured a spot.** Please refer to 4.3 of the parent handbook.

Parent Signature

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	1	2	3	4	5
AM K/C					
PM K/C					
PM					
AM	8	9	10	** Closed** 11	12
AM K/C				Remembrance Day	
PM K/C					
PM					
AM	15	16	17	18	19
AM K/C					
PM K/C					
PM					
AM	22	23	24	25	26
AM K/C					
PM K/C					
PM					
AM	29	30			
AM K/C					
PM K/C					
PM					

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

6.4 Illness Children who are not well enough to participate in all program activities, both indoor and outdoor, should not attend the program. In the event that your child **did not attend school or was sent home** due to illness, he/she will not be permitted to attend the Hand in Hand program.