

# November 2010

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

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

<b>AM &amp; PM</b> ____ x \$13.50/day= \$ _____	<b>AM Only</b> ____ x \$7.00/day= \$ _____	<b>PM Only</b> ____ x \$10.00/day= \$ _____
<b>Pro D/Seasonal Breaks</b> ____ x \$25.00/day= \$ _____	<b>PM Only Early Dismissal</b> ____ x \$15.00/day= \$ _____	<b>AM &amp; PM Early Dismissal</b> ____ x \$18.00/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	
<b>AM</b>		1		2		3		4		5
<b>PM</b>										
<b>AM</b>		8		9		10	<b>**Closed**</b>	11		12
<b>PM</b>							Remembrance Day			
<b>AM</b>		15		16		17		18		19
<b>PM</b>										
<b>AM</b>		22		23		24		25	Pro D Day	26
<b>PM</b>										
<b>AM</b>		29		30						
<b>PM</b>										

<b>SUPERVISOR USE ONLY</b>	
Date Calendar Received: _____	Total Amount Billed: \$ _____
Subsidy Amount Claimed: \$ _____	Claim #: _____ Date Subsidy Claim Submitted _____
Parent Portion Amount \$ _____	I accept the "Total Amount Billed" is true and correct.  _____ Staff Initials
Cheque Amount \$ _____ Cheque # _____ Cheque Date: _____	
Cash Amount \$ _____ Receipt # _____ Date Received: _____	

**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.