

April 2020 - Kindergarten

PAC PAD ACCB Ministry



Child's Name: _____

Centre: _____

<p style="text-align: center;">AM & PM</p> <p style="text-align: center;">___ x \$19.50/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x \$-5.00/AM/PM= \$ - _____</p>	<p style="text-align: center;">AM Only</p> <p style="text-align: center;">___ x \$11.00/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x \$-2.50/AM or PM= \$ _____</p>
<p style="text-align: center;">Pro D/Seasonal Breaks</p> <p style="text-align: center;">___ x \$33.00/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x \$-5.00/AM/PM= \$ - _____</p>	<p style="text-align: center;">PM Only</p> <p style="text-align: center;">___ x \$14.50/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x \$-2.50/AM or PM= \$ _____</p>
<p style="text-align: center;">Drop In Fee</p> <p style="text-align: center;">___ x \$3.00/day= \$ _____</p>	<p style="text-align: center;">TOTAL = \$ _____</p>

All days booked are paid for in advance and are non-refundable, non-negotiable or credited. Drop in fee is charged on all drop in dates please refer to section 5.7 of the parent handbook. Calendars are due no later than Friday March 15th, 2020 to guarantee your space. Calendars with PAD must be submitted by March 15th, 2020. Please refer to 5.3 of the parent handbook.

Parent Signature

	Monday	Tuesday	Wednesday	Thursday	Friday
AM			1	2	3
PM					
AM	6	7	8	9	**Closed** 10
PM					Good Friday
AM	**Closed** 13	14	15	16	17
PM	Easter Monday				
AM	20	21	22	23	24
PM					
AM	27	28	29	30	
PM					

STAFF USE ONLY

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

Subsidy Amount Claimed: \$ _____ Claim #: _____ Date Subsidy Submitted: _____ Subsidy Paid: \$ _____

Parent Portion Amount \$ _____ Date Billed: _____

Cheque Amount \$ _____ Cheque # _____ Cheque Date: _____

Debit/Credit Amount \$ _____ Receipt/Approval # _____ Date Received: _____

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

Staff Initials