

# March 2020 – Kindergarten

PAC  PAD  ACCB  Ministry



Child's Name: \_\_\_\_\_

Centre: \_\_\_\_\_

<p style="text-align: center;"><b>AM &amp; PM</b></p> <p style="text-align: center;">___ x \$19.50/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-5.00/AM/PM= \$ - _____</p>	<p style="text-align: center;"><b>AM Only</b></p> <p style="text-align: center;">___ x \$11.00/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-2.50/AM or PM= \$ _____</p>
<p style="text-align: center;"><b>Pro D/Seasonal Breaks</b></p> <p style="text-align: center;">___ x \$33.00/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-5.00/AM/PM= \$ - _____</p>	<p style="text-align: center;"><b>PM Only</b></p> <p style="text-align: center;">___ x \$14.50/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-2.50/AM or PM= \$ _____</p>
<p style="text-align: center;"><b>Drop In Fee</b></p> <p style="text-align: center;">___ x \$3.00/day= \$ _____</p>	<p style="text-align: center;"><b>TOTAL = \$ _____</b></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 February 14<sup>th</sup>, 2020 to guarantee your space. Calendars with PAD/PAC must be submitted by February 14<sup>th</sup>, 2020. Please refer to 5.3 of the parent handbook. **Child Care fee reduction is up to a maximum of \$100/ month.**

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

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	2	3	4	5	6
PM					
AM	9	10	11	12	13
PM					
AM	Spring Break 16	Spring Break 17	Spring Break 18	Spring Break 19	Spring Break 20
PM					
AM	Spring Break 23	Spring Break 24	Spring Break 25	Spring Break 26	Spring Break 27
PM					
AM	30	31			
PM					

**STAFF USE ONLY**

Date Calendar Received: \_\_\_\_\_ CCFRI: \$- \_\_\_\_\_ 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