

# August 2020 - Kindergarten

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

PAC  PAD  ACCB  Ministry

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



D.O.B (Y/M/D): \_\_\_\_\_

T-Shirt Size: Small Medium Large X-Large

**August CALENDAR DUE: Wednesday April 29<sup>th</sup>, 2020**

FULL DAY \_\_\_\_\_ X \$33.00 = \_\_\_\_\_

CCFRI Fee Reduction \_\_\_\_\_ x \$-5.00 = \$ - \_\_\_\_\_

**\*\*Fieldtrips – additional charges will apply\*\***

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 Wednesday April 29<sup>th</sup>, 2020 to guarantee your space. Calendars with PAD/PAC must be submitted by April 29<sup>th</sup>, 2020. Please refer to 5.3 of the parent handbook.

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

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

Monday	Tuesday	Wednesday	Thursday	Friday
<b>**CLOSED**</b> 3 BC DAY	4	5	6	7
10	11	12	13	14
17	18	19	20	21
<b>**CLOSED**</b> 22 September Prep	<b>**CLOSED**</b> 23 September Prep	<b>**CLOSED**</b> 24 September Prep	<b>**CLOSED**</b> 25 September Prep	<b>**CLOSED**</b> 26 September Prep
<b>**CLOSED**</b> 31	<b>**CLOSED**</b> 1	<b>**CLOSED**</b> 2	<b>**CLOSED**</b> 3	<b>**CLOSED**</b> 4

**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