

# June 2020

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

PAC  PAD  ACCB  Ministry

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



|   |   |
|---|---|
| <b>AM &amp; PM</b><br>___ x \$19.50/day= \$ _____           | <b>AM Only</b><br>___ x \$11.00/day= \$ _____ |
| <b>Pro D/Seasonal Breaks</b><br>___ x \$33.00/day= \$ _____ | <b>PM Only</b><br>___ x \$14.50/day= \$ _____ |
| <b>Drop In Fee</b><br>___ x \$3.00/day= \$ _____            | <b>TOTAL = \$</b> _____                       |

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 Thursday May 14<sup>th</sup>, 2020 to guarantee your space. Calendars with PAD/PAC must be submitted by May 14<sup>th</sup>, 2020. Please refer to 5.3 of the parent handbook.

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

|    | Monday       | Tuesday    | Wednesday | Thursday | Friday       |
|----|--------------|------------|-----------|----------|--------------|
| AM | 1            | 2          | 3         | 4        | 5            |
| PM |              |            |           |          |              |
| AM | 8            | 9          | 10        | 11       | 12           |
| PM |              |            |           |          |              |
| AM | 15           | 16         | 17        | 18       | 19           |
| PM |              |            |           |          |              |
| AM | 22           | 23         | 24        | 25       | Pro D Day 26 |
| PM |              |            |           |          |              |
| AM | Pro D Day 29 | **CLOSED** | 30        |          |              |
| PM |              | Prep Day   |           |          |              |

**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