

# May 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 Wednesday April 15<sup>th</sup>, 2020 to guarantee your space.** Calendars with PAD/PAC must be submitted by April 15<sup>th</sup>, 2020. Please refer to 5.3 of the parent handbook.

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

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					1
PM					
AM		4	5	6	7
PM					
AM		11	12	13	14
PM					Pro D Day 15
AM	**CLOSED**	18	19	20	21
PM	Victoria Day				
AM		25	26	27	28
PM					29

**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