

November 2020 – Kindergarten

PAC PAD ACCB Ministry



Child's Name: _____

Centre: _____

<p style="text-align: center;">AM & PM</p> <p style="text-align: center;">___ x \$22.00/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;">AM Only</p> <p style="text-align: center;">___ x \$12.00/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 \$35.00/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 \$15.00/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;">Drop In Fee</p> <p style="text-align: center;">___ x \$5.00/day= \$ _____</p>	<p style="text-align: center;">TOTAL = \$ _____</p>

All calendars must be submitted to the admin office no later than Thursday October 15th, 2020 to guarantee your space. All days booked are paid for in advance and are non-refundable, non-negotiable or credited. Please refer to section 5.3 of the parent handbook for further details on the fee payment policy. Fee Reduction is up to a max of \$100.00 per month.

Parent Signature

Email all calendars to: calendars@handinhand.ca (no paper copies will be accepted)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	2	3	4	5	6
PM					
AM	9	10	** Closed** 11	12	13
PM			Remembrance Day		
AM	16	17	18	19	20
PM					
AM	23	24	25	26	Pro D Day 27
PM					
AM	30				
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