

Child's Name: _____

Centre: _____

AM & PM ___ x \$22.00/day= \$ _____	AM Only ___ x \$12.00/day= \$ _____
Pro D/Seasonal Breaks ___ x \$35.00/day= \$ _____	PM Only ___ x \$15.00/day= \$ _____
Drop In Fee ___ x \$5.00/day= \$ _____	TOTAL = \$ _____

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.

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 Remembrance Day	12	13
PM					
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: _____ 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