

# October 2020 – Kindergarten

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

PAC  PAD  ACCB  Ministry

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



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

All calendars must be submitted to the admin office no later than Tuesday September 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](mailto:calendars@handinhand.ca) (no paper copies will be accepted)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM				1	2
PM					
AM	5	6	7	8	9
PM					
AM	CLOSED	12	13	14	15
PM	Thanksgiving				
AM	19	20	21	Pro D Day 22	Pro D Day 23
PM					
AM	26	27	28	29	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