

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

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

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

**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.

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

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

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>				1	2
<b>PM</b>					
<b>AM</b>	5	6	7	8	9
<b>PM</b>					
<b>AM</b>	CLOSED	12	13	14	15
<b>PM</b>	Thanksgiving				
<b>AM</b>	19	20	21	Pro D Day 22	Pro D Day 23
<b>PM</b>					
<b>AM</b>	26	27	28	29	30
<b>PM</b>					

**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