

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 Friday November 13, 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	3	4
<b>PM</b>					
<b>AM</b>	7	8	9	10	11
<b>PM</b>					
<b>AM</b>	14	15	16	17	18
<b>PM</b>					
<b>AM</b>	Winter Break 21	Winter Break 22	Winter Break 23	Christmas Eve 24	Christmas 25
<b>PM</b>				**Closed**	**Closed**
<b>AM</b>	Winter Break 28	Winter Break 29	Winter Break 30	New Years Eve 31	
<b>PM</b>				Close @ 2pm	

**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