

January 2021 – 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 Tuesday December 15, 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 | | | | | New Years Day 1 |
| PM | | | | | ** Closed** |
| AM | | 4 | 5 | 6 | 7 |
| PM | | | | | |
| AM | | 11 | 12 | 13 | 14 |
| PM | | | | | |
| AM | | 18 | 19 | 20 | 21 |
| PM | | | | | |
| AM | | 25 | 26 | 27 | 28 |
| PM | | | | | Pro D Day 29 |

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