

# May 2021

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

PAC 
  PAD 
  ACCB 
  Ministry 
 **Staff Use Only**



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 emailed to your centre no later than Thursday April 15, 2021 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 directly to your center (no paper copies will be accepted)**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	3	4	5	6	7
PM					
AM	10	11	12	13	14
PM					
AM	17	18	19	20	<b>** Closed**</b> 21
					<b>Staff Training</b>
AM	<b>**CLOSED**</b> 24	25	26	27	28
PM	<b>Victoria Day</b>				
AM	31				
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