

September 2021-Kindergarten

PAC PAD ACCB Ministry Staff Use Only



Child's Name: _____

Centre: _____

| | | |
|--|--|--|
| AM & PM ___ x \$22.00/day= \$ _____ Fee Reduction ___ x \$-5.00/AM/PM= \$- _____ | AM Only ___ x \$12.00/day= \$ _____ Fee Reduction ___ x \$-2.50/AM/PM= \$ _____ | PM Only ___ x \$15.00/day= \$ _____ Fee Reduction ___ x \$-2.50/AM/PM= \$ _____ |
| Pro D/Seasonal Breaks ___ x \$35.00/day= \$ _____ Fee Reduction ___ x \$-5.00/AM/PM= \$ - _____ | PM Only Early Dismissal ___ x \$23.00/day= \$ _____ Fee Reduction ___ x \$-5.00/AM/PM= \$ - _____ | AM & PM Early Dismissal ___ x \$28.00/day= \$ _____ Fee Reduction ___ x \$-5.00/AM/PM= \$ - _____ |
| Drop In Fee ___ x \$5.00/day= \$ _____ | TOTAL = \$ _____ | |

All calendars must be emailed to your centre no later than Friday August 13th, 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. Child Care fee reduction is up to a maximum of \$100/ month. **K's may not attend H&H until first full day after gradual entry.**
Kindergarten gradual entry days may be subject to change

Parent Signature _____

Email all calendars directly to your center (no paper copies will be accepted)

| | Monday | Tuesday | Wednesday | Thursday | Friday | | | | | |
|----|----------------------------|---------|----------------------------|----------|----------------------------|----|----------------------------|----|----------------------------|----|
| AM | | | **CLOSED** | 1 | **CLOSED** | 2 | **CLOSED** | 3 | | |
| PM | | | | | | | | | | |
| AM | **CLOSED** | 6 | | | *Gradual Entry* | 7 | *Gradual Entry* | 8 | *Gradual Entry* | 9 |
| PM | Labour Day | | *May be subject to change* | | *May be subject to change* | | *May be subject to change* | | *May be subject to change* | |
| AM | *Gradual Entry* | 13 | *Gradual Entry* | 14 | *Gradual Entry* | 15 | *Gradual Entry* | 16 | *Gradual Entry* | 17 |
| PM | *May be subject to change* | | *May be subject to change* | | *May be subject to change* | | *May be subject to change* | | *May be subject to change* | |
| AM | *Gradual Entry* | 20 | *Gradual Entry* | 21 | | 22 | | 23 | **PRO D DAY** 24 | |
| PM | *May be subject to change* | | *May be subject to change* | | | | | | | |
| AM | | 27 | | 28 | | 29 | *CLOSED* | 30 | | |
| PM | | | | | | | T & R Day | | | |

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