

October 2021 Kindergarten

PAC PAD ACCB Ministry Staff Use Only



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 emailed to your centre no later than Wednesday September 15th, 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. *CCFRI Fee Discount is up to a max of \$100.00 per month.

Parent Signature

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

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					1
PM					
AM	4	5	6	7	8
PM					
AM	CLOSED	11	12	13	14
PM	Thanksgiving				
AM	18	19	20	Pro D Day 21	Pro D Day 22
PM					
AM	25	26	27	28	29
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