

# April 2022

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

<input type="checkbox"/> PAC	<input type="checkbox"/> PAD	<input type="checkbox"/> ACCB	<input type="checkbox"/> Ministry	Staff Use Only
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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 March 15th, 2022 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					1
PM					
AM	4	5	6	7	8
PM					
AM	11	12	13	14	**CLOSED** 15
PM					Good Friday
AM	**CLOSED** 18	19	20	21	22
PM	Easter Monday				
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
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