

# December 2021- Kindergarten

PAC  PAD  ACCB  Ministry Staff Use Only



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

Centre: \_\_\_\_\_

<p style="text-align: center;"><b>AM &amp; PM</b></p> <p>___ x \$22.00/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x \$-5.00/AM/PM= \$ - _____</p>	<p style="text-align: center;"><b>AM Only</b></p> <p>___ x \$12.00/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x \$-2.50/AM or PM= \$ _____</p>
<p style="text-align: center;"><b>Pro D/Seasonal Breaks</b></p> <p>___ x \$35.00/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x \$-5.00/AM/PM= \$ - _____</p>	<p style="text-align: center;"><b>PM Only</b></p> <p>___ x \$15.00/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x \$-2.50/AM or PM= \$ _____</p>
<p style="text-align: center;"><b>Drop In Fee</b></p> <p>___ x \$5.00/day= \$ _____</p>	<p style="text-align: center;"><b>TOTAL = \$ _____</b></p>

All calendars must be emailed to your centre no later than November 8<sup>th</sup>, 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
<b>AM</b>			1	2	3
<b>PM</b>					
<b>AM</b>	6	7	8	9	10
<b>PM</b>					
<b>AM</b>	13	14	15	16	17
<b>PM</b>					
<b>AM</b>	Winter Break 20	Winter Break 21	Winter Break 22	Winter Break 23	Christmas Eve 24
<b>PM</b>					<b>**Closed**</b>
<b>AM</b>	STAT HOLIDAY 27	Winter Break 28	Winter Break 29	Winter Break 30	New Years Eve 31
<b>PM</b>	<b>**Closed**</b>				Close @ 2pm

**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