

Child's Name: _____

Centre: _____

AM & PM ___ x \$22.00/day= \$ _____	AM Only ___ x \$12.00/day= \$ _____
Pro D/Seasonal Breaks ___ x \$35.00/day= \$ _____	PM Only ___ x \$15.00/day= \$ _____
Drop In Fee ___ x \$5.00/day= \$ _____	TOTAL = \$ _____

All calendars must be emailed to your centre no later than January 14th, 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	2	3	4	
PM						
AM	7	8	9	10	11	
PM						
AM	14	15	16	17	Pro D Day 18	
PM						
AM	** Closed**	21	22	23	24	25
PM	Family Day					
AM	28					
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