

May 2022

Child's Name: _____

PAC PAD ACCB Ministry **Staff Use Only**

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 April 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 | 2 | 3 | 4 | 5 | 6 |
| PM | | | | | |
| AM | 9 | 10 | 11 | 12 | 13 |
| PM | | | | | |
| AM | 16 | 17 | 18 | 19 | Pro D Day 20 |
| PM | | | | | |
| AM | **CLOSED** 23 | 24 | 25 | 26 | 27 |
| PM | Victoria Day | | | | |
| AM | 30 | 31 | | | |
| 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