

November 2021

Child's Name: _____

PAC PAD ACCB Ministry

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 Friday October 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.

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	5
PM					
AM	8	9	10	*CLOSED – STAT*	11
PM				*REMEMBERANCE DAY*	
AM	15	16	17	18	19
PM					
AM	22	23	24	25	Pro D Day 26
PM					
AM	29	30			
PM					

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