

# August 2022

PAC  PAD  ACCB  Ministry **Staff use only**



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

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

D.O.B (Y/M/D): \_\_\_\_\_

T-Shirt Size: Small Medium Large X-Large

**August CALENDAR DUE: Thursday April 14<sup>th</sup>, 2022**

**FULL DAY \_\_\_\_\_ X \$35.00 = \_\_\_\_\_**

**\*\*Fieldtrips – additional charges will apply\*\***

All calendars must be emailed to your centre no later than April 14<sup>th</sup>, 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

**TOTAL = \$ \_\_\_\_\_**

**Email all calendars directly to your center (no paper copies will be accepted)**

Monday	Tuesday	Wednesday	Thursday	Friday
<b>**CLOSED**</b> 1 BC Day	2	3	4	5
8	9	10	11	12
15	16	17	18	19
<b>**CLOSED**</b> 22 September Prep	<b>**CLOSED**</b> 23 September Prep	<b>**CLOSED**</b> 24 September Prep	<b>**CLOSED**</b> 25 September Prep	<b>**CLOSED**</b> 26 September Prep
<b>**CLOSED**</b> 29	<b>**CLOSED**</b> 30	<b>**CLOSED**</b> 31	<b>**CLOSED**</b> 1	<b>**CLOSED**</b> 2

**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