

April 2023 - Kindergarten



Child's Name: _____

Centre: _____

<p style="text-align: center;">AM & PM</p> <p style="text-align: center;">_____ x \$22.65/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">_____ x -\$12.65/AM/PM= -\$ _____</p>	<p style="text-align: center;">AM Only</p> <p style="text-align: center;">_____ x \$12.35/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">_____ x -\$6.33/AM = -\$ _____</p>
<p style="text-align: center;">Pro D/Seasonal Breaks</p> <p style="text-align: center;">_____ x \$35.00/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">_____ x -\$12.65/day = -\$ _____</p>	<p style="text-align: center;">PM Only</p> <p style="text-align: center;">_____ x \$15.45/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">_____ x -\$6.33/PM = -\$ _____</p>

TOTAL = \$ _____

All calendars must be emailed to your centre no later than March 10th, 2023 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 maximum of 20 days per month of care. (Discount subject to change based on government regulations).

Parent Signature

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

	Monday		Tuesday		Wednesday		Thursday		Friday	
AM		3		4		5		6	**CLOSED** 7	
PM									Good Friday	
AM	**CLOSED** 10			11		12		13		14
PM	Easter Monday									
AM		17		18		19		20		21
PM										
AM		24		25		26		27	**Pro-D Day** 28	
PM										
AM										
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