

# February 2023 - Kindergarten



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

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

<p><b>AM &amp; PM</b>                  _____ x \$22.65/day = \$ _____  <b>Fee Reduction</b>                  _____ x <b>-\$12.65/day</b> = -\$ _____</p>	<p><b>AM Only</b>                  _____ x \$12.35/day = \$ _____  <b>Fee Reduction</b>                  _____ x <b>-\$6.33/day</b> = -\$ _____</p>	<p><b>PM Only</b>                  _____ x \$15.45/day = \$ _____  <b>Fee Reduction</b>                  _____ x <b>-\$6.33/day</b> = -\$ _____</p>
	<p><b>PM Only Early Dismissal</b>                  _____ x \$23.70/day = \$ _____  <b>Fee Reduction</b>                  _____ x <b>-\$12.65/day</b> = -\$ _____</p>	<p><b>AM &amp; PM Early Dismissal</b>                  _____ x \$28.85/day = \$ _____  <b>Fee Reduction</b>                  _____ x <b>-\$12.65/day</b> = -\$ _____</p>

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

All calendars must be emailed to your centre no later than January 13th, 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			1	2	3
PM					
AM	6	7	8	9	10
PM					
AM	13	14	15	16	17
PM			**Early Dismissal**	Early Dismissal**	**CLOSED** <i>*Pro-D Day – Closed for staff training*</i>
AM	**CLOSED**	20	21	22	23
PM	Family Day				
AM	27	28			
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