

September 2023 - Kindergarten



Child's Name: _____ Centre: _____

AM & PM ____ x \$23.50/day = \$ ____ Fee Reduction ____ x -\$12.65/day = -\$ ____	AM Only ____ x \$12.75/day = \$ ____ Fee Reduction ____ x -\$6.33/day = -\$ ____	PM Only ____ x \$16.00/day = \$ ____ Fee Reduction ____ x -\$6.33/day = -\$ ____
Pro-D Day ____ x \$36.50/day = \$ ____ Fee Reduction ____ x -\$12.65/day = -\$ ____	PM Only Early Dismissal ____ x \$24.50/day = \$ ____ Fee Reduction ____ x -\$12.65/day = \$ - ____	AM & PM Early Dismissal ____ x \$30.00/day = \$ ____ Fee Reduction ____ x -\$12.65/day = -\$ ____

TOTAL = \$ _____

All calendars must be emailed to your centre no later than Friday August 11th, 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) *Kinder's cannot attend Hand in Hand until the first full day of school after gradual entry. Kindergarten gradual entry days may be subject to change*

Parent Signature

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

	Monday	Tuesday	Wednesday	Thursday	Friday					
AM					**CLOSED**	1				
PM										
AM	**CLOSED**	4	*Gradual Entry*	5					*Gradual Entry*	6
PM	Labour Day	*May be subject to change*	*May be subject to change*	*May be subject to change*	*May be subject to change*					
AM	*Gradual Entry*	11	*Gradual Entry*	12	*Gradual Entry*	13	*Gradual Entry*	14	*Gradual Entry*	15
PM	*May be subject to change*	*May be subject to change*	*May be subject to change*	*May be subject to change*	*May be subject to change*					
AM	*Gradual Entry*	18	*Gradual Entry*	19		20		21		22
PM	*May be subject to change*	*May be subject to change*								
AM		25		26		27		28	*Pro-D Day* 29	
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

