

# December 2023 - Kindergarten



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

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

<p style="text-align: center;"><b>AM &amp; PM</b></p> <p style="text-align: center;">___ x \$23.50/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$13.50/day = -\$ _____</p>	<p style="text-align: center;"><b>AM Only</b></p> <p style="text-align: center;">___ x \$12.75/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$6.75/day = -\$ _____</p>
<p style="text-align: center;"><b>PM Only</b></p> <p style="text-align: center;">___ x \$16.00/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$6.75/day = -\$ _____</p>	<p style="text-align: center;"><b>Pro-D Day</b></p> <p style="text-align: center;">___ x \$36.50/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$13.50/day = -\$ _____</p>

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

**All calendars must be emailed to your centre no later than November 9<sup>th</sup>, 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
<b>AM</b>					1
<b>PM</b>					
<b>AM</b>	4	5	6	7	8
<b>PM</b>					
<b>AM</b>	11	12	13	14	15
<b>PM</b>					
<b>AM</b>	18	19	20	21	22
<b>PM</b>					
<b>AM</b>	**CLOSED** 25	**CLOSED** 26	Winter Break 27	Winter Break 28	Winter Break 29
<b>PM</b>					

**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