

November 2023 – Kindergarten

Child's Name: _____

Centre: _____



<p style="text-align: center;">AM & PM</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/AM/PM= \$ - _____</p>	<p style="text-align: center;">AM Only</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/AM or PM= \$ _____</p>
<p style="text-align: center;">Pro D/Seasonal Breaks</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/AM/PM= \$ - _____</p>	<p style="text-align: center;">PM Only</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/AM or PM= \$ _____</p>

TOTAL = \$ _____

All calendars must be emailed to your centre no later than Friday October 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	**Pro-D Day** 10
PM					
AM	**CLOSED** 13	14	15	16	17
PM	Remembrance Day (in lieu)				
AM	20	21	22	23	24
PM					
AM	27	28	29	30	
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