

# April 2024



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

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

|   |   |
|---|---|
| <b>AM &amp; PM</b><br>_____ x \$23.50/day = \$ _____<br><b>Fee Reduction</b><br>_____ x -\$5.75/day = -\$ _____ | <b>AM Only</b><br>_____ x \$12.75/day = \$ _____<br><b>Fee Reduction</b><br>_____ x -\$2.88/day = -\$ _____ |
| <b>Pro-D Day</b><br>_____ x \$36.50/day = \$ _____<br><b>Fee Reduction</b><br>_____ x -\$5.75/day = -\$ _____   | <b>PM Only</b><br>_____ x \$16.00/day = \$ _____<br><b>Fee Reduction</b><br>_____ x -\$2.88/day = -\$ _____ |

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

**All calendars must be emailed to your centre no later than March 1<sup>st</sup> 2024 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.

\_\_\_\_\_  
Parent Signature

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

|    | Monday        | Tuesday | Wednesday | Thursday | Friday                        |
|----|---------------|---------|-----------|----------|-------------------------------|
| AM | **Closed**    | 1       | 2         | 3        | 4                             |
| PM | Easter Monday |         |           |          |                               |
| AM | 8             | 9       | 10        | 11       | **Closed for staff training** |
| PM |               |         |           |          |                               |
| AM | 15            | 16      | 17        | 18       | 19                            |
| PM |               |         |           |          |                               |
| AM | 22            | 23      | 24        | 25       | **Pro-D Day**                 |
| PM |               |         |           |          |                               |
| AM | 29            | 30      |           |          |                               |
| PM |               |         |           |          |                               |

**STAFF USE ONLY**

Date Calendar Received: \_\_\_\_\_ Total Amount Billed: \$ \_\_\_\_\_

Subsidy Amount Claimed: \$ \_\_\_\_\_ Claim #: \_\_\_\_\_ Date Subsidy Submitted: \_\_\_\_\_ Subsidy Paid: \$ \_\_\_\_\_

Parent Portion Amount \$ \_\_\_\_\_ Date Billed: \_\_\_\_\_

I accept the "Total Amount Billed" is true and correct.

\_\_\_\_\_  
Staff Initials

