

August 2024 – Kindergarten



Child's Name: _____

Centre: _____

D.O.B (YYYY/MM/DD): _____

AUGUST CALENDAR DUE: Monday April 15th, 2024

FULL DAY _____ X \$37.25 = _____

CCFRI Fee Reduction _____ x -\$16.00 = -\$_____

****Fieldtrips – Additional fees may apply****

All calendars must be emailed to your centre no later than Monday April 15th, 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.

****Fees are subject to change**

Parent Signature

TOTAL = \$ _____

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

T-Shirt Size (please circle): Youth Small Youth Medium Youth Large Youth X-Large Adult Large Adult X-Large

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2
** CLOSED** 5 Civic Holiday	6	7	8	9
12	13	14	15	16
** CLOSED** 19 September Prep	** CLOSED** 20 September Prep	** CLOSED** 21 September Prep	** CLOSED** 22 September Prep	** CLOSED** 23 September Prep
** CLOSED** 26	** CLOSED** 27	** CLOSED** 28	** CLOSED** 29	** CLOSED** 30

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: _____

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

Staff Initials

Debit/Credit Amount \$ _____ Receipt/Approval # _____ Date Received: _____