

# August 2024

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

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



D.O.B (YYYY/MM/DD): \_\_\_\_\_

**AUGUST CALENDAR DUE: Monday April 15<sup>th</sup>, 2024**

FULL DAY \_\_\_\_\_ X \$37.25 = \_\_\_\_\_

CCFRI Fee Reduction \_\_\_\_\_ x -\$5.75 = -\$\_\_\_\_\_

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

All calendars must be emailed to your centre no later than Monday April 15<sup>th</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.

*\*\*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
<b>** CLOSED**</b> 5 Civic Holiday	6	7	8	9
12	13	14	15	16
<b>** CLOSED**</b> 19 September Prep	<b>** CLOSED**</b> 20 September Prep	<b>** CLOSED**</b> 21 September Prep	<b>** CLOSED**</b> 22 September Prep	<b>** CLOSED**</b> 23 September Prep
<b>** CLOSED**</b> 26	<b>** CLOSED**</b> 27	<b>** CLOSED**</b> 28	<b>** CLOSED**</b> 29	<b>** CLOSED**</b> 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: \_\_\_\_\_

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

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

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

