

# July 2024

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

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



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

**JULY 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 |
|-----------------------------|------------------------------------|------------------------------------|----------|--------|
| <b>**CLOSED**</b> 1<br>Stat | <b>**CLOSED**</b> 2<br>Summer Prep | <b>**CLOSED**</b> 3<br>Summer Prep | 4        | 5      |
| 8                           | 9                                  | 10                                 | 11       | 12     |
| 15                          | 16                                 | 17                                 | 18       | 19     |
| 22                          | 23                                 | 24                                 | 25       | 26     |
| 29                          | 30                                 | 31                                 |          |        |

**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

