

# June 2024

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

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



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

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

**All calendars must be emailed to your centre no later than May 1st, 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						
PM						
AM		3	4	5	6	7
PM						
AM		10	11	12	13	14
PM						
AM		17	18	19	20	21
PM						
AM		24	25	26	27	28
PM						<b>Summer Prep</b>

**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