

# May 2024 - Kindergarten

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

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



<p style="text-align: center;"><b>AM &amp; PM</b></p> <p style="text-align: center;">___ x \$23.50/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-13.50/AM/PM= \$ - _____</p>	<p style="text-align: center;"><b>AM Only</b></p> <p style="text-align: center;">___ x \$12.75/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-6.75/AM or PM= \$ _____</p>
<p style="text-align: center;"><b>Pro D/Seasonal Breaks</b></p> <p style="text-align: center;">___ x \$36.50/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-13.50/AM/PM= \$ - _____</p>	<p style="text-align: center;"><b>PM Only</b></p> <p style="text-align: center;">___ x \$16.00/day= \$ _____</p> <p style="text-align: center;"><b>Fee Reduction</b></p> <p style="text-align: center;">___ x \$-6.75/AM or PM= \$ _____</p>

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

**All calendars must be emailed to your centre no later than April 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.  
 \*CCFRI Fee Discount is up to a maximum of 20 days per month of care. (Discount subject to change based on government regulations).

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

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

		Wednesday		Thursday		Friday				
AM			1		2		3			
PM										
AM		6		7		8		9		10
PM										
AM		13		14		15		16	*Pro D Day* 17	
PM										
AM	**CLOSED**	20		21		22		23		24
PM	Victoria Day									
AM		27		28		29		30		31
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