

May 2024

Child's Name: _____

Centre: _____



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

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.

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	
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