

October 2024 - Kindergarten



Child's Name: _____ Centre _____

AM & PM ____ x \$24.25/day = \$ ____ Fee Reduction ____ x -\$13.50/day = -\$ ____	AM Only ____ x \$13.10/day = \$ ____ Fee Reduction ____ x -\$6.33/day = -\$ ____	PM Only ____ x \$16.35/day = \$ ____ Fee Reduction ____ x -\$6.33/day = -\$ ____
Pro-D Day ____ x \$37.25/day = \$ ____ Fee Reduction ____ x -\$13.50/day = -\$ ____	PM Only Early Dismissal ____ x \$24.85/day = \$ ____ Fee Reduction ____ x -\$13.50/day = -\$ ____	AM & PM Early Dismissal ____ x \$30.75/day = \$ ____ Fee Reduction ____ x -\$13.50/day = -\$ ____

TOTAL = \$ _____

All calendars must be emailed to your centre no later than Sunday September 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		1	2	3	4
PM					
AM	7	8	9	10	11
PM					
AM	**CLOSED** 14	15	16	17	18
PM	Thanksgiving Day				
AM	21	22	23	24	*Pro-D Day* 25
PM			**Early Dismissal**	**Early Dismissal**	
AM	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: _____

Cheque Amount \$ _____ Cheque # _____ Cheque Date: _____

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

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

 Staff Initials