

September 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 Thursday August 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.
 Kinder's cannot attend Hand in Hand until the first full day of school after gradual entry. Kindergarten gradual entry days may be subject to change

 Parent Signature

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

	Monday		Tuesday		Wednesday		Thursday		Friday	
AM	**CLOSED**	2	*Gradual Entry*	3	*Gradual Entry*	4	*Gradual Entry*	5	*Gradual Entry*	6
PM	Labour Day		*May be subject to change*		*May be subject to change*		*May be subject to change*		*May be subject to change*	
AM	*Gradual Entry*	9	*Gradual Entry*	10	*Gradual Entry*	11	*Gradual Entry*	12	*Gradual Entry*	13
PM	*May be subject to change*		*May be subject to change*		*May be subject to change*		*May be subject to change*		*May be subject to change*	
AM		16		17		18		19		20
PM										
AM		23		24		25		26	*Pro-D Day*	27
PM										
AM	**CLOSED**	30								
PM	National Day for Truth and Reconciliation									

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