

December 2024 - Kindergarten



Child's Name: _____

Centre: _____

<p style="text-align: center;">AM & PM</p> <p>___ x \$24.25/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x -\$14.25/day = -\$ _____</p>	<p style="text-align: center;">AM Only</p> <p>___ x \$13.10/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x -\$7.13/day = -\$ _____</p>
<p style="text-align: center;">PM Only</p> <p>___ x \$16.35/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x -\$7.13/day = -\$ _____</p>	<p style="text-align: center;">Pro-D Day</p> <p>___ x \$37.25/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x -\$14.25/day = -\$ _____</p>

TOTAL = \$ _____

All calendars must be emailed to your centre no later than Friday, November 1st, 2024 to guarantee your space. All days booked are paid for in advance and are non-refundable, non-negotiable or credited. Fees will be charged to payment method on file. 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	2	3	4	5	6
PM					
AM	9	10	11	12	13
PM					
AM	16	17	18	19	20
PM					
AM	Winter Break 23	Winter Break 24	**Closed** 25	**Closed** 26	Winter Break 27
PM		Open Until 2:00pm			
AM	Winter Break 30	Winter Break 31			
PM		Open Until 2:00pm			

STAFF USE ONLY

Date Calendar Received: _____ CCFRI: \$- _____ 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