

April 2025



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 -\$5.75/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 -\$2.88/day = -\$ _____</p>
<p style="text-align: center;">Pro D-Day/Seasonal Breaks</p> <p>___ x \$37.25/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x -\$5.75/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 -\$2.88/day = -\$ _____</p>

TOTAL = \$ _____

All calendars must be entered into Esikidz no later than March 10, 2025 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		1	2	3	4
PM					
AM	7	8	9	10	11
PM					
AM	14	15	16	**Pro-D Day** 17	**CLOSED** 18
PM					Good Friday
AM	**CLOSED** 21	22	23	24	25
PM	Easter Monday				
AM	28	29	30		
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