

# August 2025

Child's Name: \_\_\_\_\_

Centre: \_\_\_\_\_



D.O.B (YYYY/MM/DD): \_\_\_\_\_

**AUGUST CALENDAR DUE: Tuesday April 15<sup>th</sup>, 2025**

**FULL DAY** \_\_\_\_\_ X **\$38.00** = \_\_\_\_\_

**CCFRI Fee Reduction** \_\_\_\_\_ x **-\$5.75** = **-\$** \_\_\_\_\_

*\*\*Fieldtrips – Additional fees may apply\*\**

All calendars must be emailed to your centre no later than Tuesday April 15<sup>th</sup>, 2025 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.

*\*\*Fees are subject to change*

\_\_\_\_\_  
Parent Signature

**TOTAL = \$** \_\_\_\_\_

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

**T-Shirt Size (please circle): Youth Small Youth Medium Youth Large Youth X-Large Adult Large Adult X-Large**

| Monday                                  | Tuesday                                 | Wednesday                               | Thursday                                | Friday                                  |
|---|---|---|---|---|
|   |   |   |   | 1                                       |
| <b>** CLOSED**</b> 4<br>Civic Holiday   | 5                                       | 6                                       | 7                                       | 8                                       |
| 11                                      | 12                                      | 13                                      | 14                                      | 15                                      |
| <b>** CLOSED**</b> 18<br>September Prep | <b>** CLOSED**</b> 19<br>September Prep | <b>** CLOSED**</b> 20<br>September Prep | <b>** CLOSED**</b> 21<br>September Prep | <b>** CLOSED**</b> 22<br>September Prep |
| <b>** CLOSED**</b> 25                   | <b>** CLOSED**</b> 26                   | <b>** CLOSED**</b> 27                   | <b>** CLOSED**</b> 28                   | <b>** CLOSED**</b> 29                   |

**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

