

# July 2025 - Kindergarten



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

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

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

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

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

CCFRI Fee Reduction \_\_\_\_\_ x -\$16.00 = -\$ \_\_\_\_\_

**\*\*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
	<b>** CLOSED**</b> Stat 1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

**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

