

June 2025 - 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;">Pro D/Seasonal Breaks</p> <p>___ x \$37.25/day= \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p>___ x -\$14.25/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>

TOTAL = \$ _____

All calendars must be entered into Esikidz no later than May 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	2	3	4	5	**CLOSED** 6
PM					Staff Training
AM	9	10	11	12	13
PM					
AM	16	17	18	19	20
PM					
AM	23	24	25	26	**CLOSED** 27
PM					Summer Prep
AM	**CLOSED** 30				
PM	Summer Prep				

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