

# March 2026 - Kindergarten



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

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

<p style="text-align: center;"><b>AM &amp; PM</b></p> <p style="text-align: center;">___ x \$25.00/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$15.00/day = -\$ _____</p>	<p style="text-align: center;"><b>AM Only</b></p> <p style="text-align: center;">___ x \$13.50/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$7.50/day = -\$ _____</p>
<p style="text-align: center;"><b>Pro-D/ Seasonal Breaks</b></p> <p style="text-align: center;">___ x \$38.00/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$15.00/day = -\$ _____</p>	<p style="text-align: center;"><b>PM Only</b></p> <p style="text-align: center;">___ x \$16.75/day = \$ _____</p> <p style="text-align: center;">Fee Reduction</p> <p style="text-align: center;">___ x -\$7.50/day = -\$ _____</p>

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

**All late paper calendars are subject to availability and a \$20 paper calendar processing fee.** 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 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	Spring Break 16	Spring Break 17	Spring Break 18	Spring Break 19	Spring Break 20
PM					
AM	Spring Break 23	Spring Break 24	Spring Break 25	Spring Break 26	Spring Break 27
PM					
AM	30	31			
PM					

**CENTRE STAFF USE ONLY**

Date Calendar Received: \_\_\_\_\_ Total Amount (please ensure it's correct): \$ \_\_\_\_\_ Staff Initial: \_\_\_\_\_

**ADMIN STAFF USE ONLY**

Subsidy Amount Claimed: \$ \_\_\_\_\_ Claim #: \_\_\_\_\_ Date Subsidy Submitted: \_\_\_\_\_ Subsidy Paid: \$ \_\_\_\_\_

Parent Portion Amount: \$ \_\_\_\_\_ Date Billed: \_\_\_\_\_