

# April 2026



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

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

<p><b>AM &amp; PM</b>          ____ x \$25.00/day = \$ _____  <b>Fee Reduction</b>          ____ x -\$5.75/day = -\$ _____</p>	<p><b>AM Only</b>          ____ x \$13.50/day = \$ _____  <b>Fee Reduction</b>          ____ x -\$2.88/day = -\$ _____</p>
<p><b>Pro D-Day/Seasonal Breaks</b>          ____ x \$38.00/day = \$ _____  <b>Fee Reduction</b>          ____ x -\$5.75/day = -\$ _____</p>	<p><b>PM Only</b>          ____ x \$16.75/day = \$ _____  <b>Fee Reduction</b>          ____ x -\$2.88/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			1	2	3 <b>**Closed**</b>
PM					
AM	6 <b>**Closed**</b>	7	8	9	10
PM					
AM	13	14	15	16	17 <b>**Closed**</b>
PM					<b>For Staff Training</b>
AM	20	21	22	23	24 <b>*Pro-D Day*</b>
PM					
AM	27	28	29	30	
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: \_\_\_\_\_