September 2026 - Kindergarten

Child's Name: _____ Centre: _____

AM & PM ___ x $25.50/day = $_____ **Fee Reduction** ___ x -$15.00/day = -$ _____	**AM Only** ___ x $13.75/day = $_____ **Fee Reduction** ___ x -$7.50/day = -$_____	**PM Only** ___ x $17.00/day = $_____ **Fee Reduction** ___ x -$7.50/day = -$_____
Pro-D Day __ x $38.00/day = $ _____ **Fee Reduction** __ x -$15.00/day = -$_____	**PM Only Early Dismissal** ____ x $25.75/day = $_____ **Fee Reduction** ___ x -$15.00/day = $ -_____	**AM & PM Early Dismissal** ____ x $32.00/day = $_____ **Fee Reduction** ____ x -$15.00/day = -$_____

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.

Kindergarteners cannot attend Hand in Hand until the first full day of school after gradual entry. Gradual entry days may be subject to change

_____

Parent Signature

Email all calendars directly to your center

	Monday	Tuesday	Wednesday	Thursday	Friday
AM		**CLOSED** 1	**CLOSED** 2	**CLOSED** 3	**CLOSED** 4
PM		September Prep	September Prep	September Prep	September Prep
AM	**CLOSED** 7	*Gradual Entry* 8	*Gradual Entry* 9	*Gradual Entry* 10	*Gradual Entry* 11
PM	Labour Day	*May be subject to change*	*May be subject to change*	*May be subject to change*	*May be subject to change*
AM	*Gradual Entry* 14	*Gradual Entry* 15	*Gradual Entry* 16	*Gradual Entry* 17	*Gradual Entry* 18
PM	*May be subject to change*	*May be subject to change*	*May be subject to change*	*May be subject to change*	*May be subject to change*
AM	21	22	23	24	*Pro-D Day* 25
PM					
AM	28	29	**CLOSED** 30		
PM			National Day for Truth and Reconciliation		

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:** _____