October 2026

Child's Name: _____ Centre: _____

AM & PM ___ x $25.50/day = $_____ **Fee Reduction** ___ x -$5.75/day = -$ _____	**AM Only** ___ x $13.75/day = $_____ **Fee Reduction** ___ x -$2.88/day = -$_____	**PM Only** ___ x $17.00/day = $_____ **Fee Reduction** ___ x -$2.88/day = -$_____
Pro-D Day __ x $38.00/day = $ _____ **Fee Reduction** __ x -$5.75/day = -$_____	**PM Only Early Dismissal** ____ x $25.75/day = $_____ **Fee Reduction** ___ x -$5.75/day = -$_____	**AM & PM Early Dismissal** ____ x $32.00/day = $_____ **Fee Reduction** ____ x -$5.75/day = -$_____

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.

_____

Parent Signature

Email all calendars directly to your center

	Monday	Tuesday	Wednesday	Thursday	Friday
AM				1	2
PM					
AM	5	6	7	8	9
PM					
AM	**CLOSED** 12	13	14	15	16
PM	Thanksgiving Day				
AM	19	20	21	22	*Pro-D Day* 23
PM			**Early Dismissal**	**Early Dismissal**	
AM	26	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:** _____