

CCB Calculation

CC SF 05

DIAMOND VALLEY SPORTS & FITNESS CENTRE VACATION CARE CHILD CARE BENEFIT (CCB) CALCULATION

For period: ___/___/___ to ___/___/___

| | Child's Name | Age | Child's CRN |
|----|--------------|-----|-------------|
| 1. | | | |
| | | | |
| | | | |

Parent/Guardian Name: _____ CRN: _____

Contact Address: _____ P/Code _____

Parents Ph: _____ Mobile _____

Percentage Rates: Child _____%

Child 1

| (A) Rate | (B) Vacation Hours | (C) School % | (D) CCB % | (E) (A) x (B) x (C) x (D) | (F) Vacation Cost | (G) Gap (F) – (E) |
|-------------|--------------------------|--------------------|--------------|------------------------------|-------------------------|-------------------------|
| \$3.7815 | 10 | 0.85 | | \$ | \$38.50 | \$ |

Costs for excursions or incursions are additional

Gap X number of days enrolled plus additional costs for each day enrolled

| | |
|--------------------------------|-----------|
| TOTAL PAYABLE BY PARENT | \$ |
|--------------------------------|-----------|

KEY

- | | |
|---|---|
| (A) Constant | (B) Total number of hours booked (each day is 10 hours) |
| (C) Constant | (D) % rate as shown on the CCB Assessment Notice |
| (E) Total CCB Payable A x B x C x D | (F) Amount payable per day |
| (G) (F) – (E) represents the gap the parents must pay | |

Staff signature: _____

Staple receipt to form

COPY OF FAMILY ASSISTANCE OFFICE ASSESSMENT NOTICE MUST BE PROVIDED AND ATTACHED

PARENTS PLEASE NOTE THAT EXTRA FEES APPLICABLE FOR INCURSIONS AND EXCURSIONS ARE NOT ELIGIBLE FOR REBATE. ALL EXCURSIONS AND INCURSIONS ARE COMPLUSORY IF YOUR CHILD IS IN ATTENDANCE FOR THAT DAY.