

Monthly Child Care Receipt:

Family Name: _____

Month and Year: _____

Amount Paid for the above listed month: _____

Care Givers Name: _____

Address: _____

Phone Number: _____

Providers Signature: _____ Date: _____

Parent Signature: _____ Date: _____

FOR STAFF USE ONLY

Monthly Family Rate: _____

Amount paid to above provider: _____

Amount owed: _____

Staff Signature: _____