

## **Child Care Statement / Receipt**

Month/Day \_\_\_\_\_ Year \_\_\_\_\_

**Received/Due** (*circle one*) from \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Dollars

Name of child(ren) \_\_\_\_\_

**For Child Care Services** from \_\_\_\_\_ to \_\_\_\_\_ Total number of hours \_\_\_\_\_  
Month Day Year Month Day Year

Signature of Person providing care \_\_\_\_\_

Signature of Parent \_\_\_\_\_

***Child care was provided to allow the parent to attend Family Child Care Orientation Training***

***PLEASE CIRCLE STATEMENT OR RECEIPT AT TOP OF PAGE TO SHOW STATUS OF TRANSACTION***



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