

# Daycare Receipt

Date: \_\_\_\_\_

Received from \_\_\_\_\_

\_\_\_\_\_ Dollars \$ \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_

Services provided for the week of:

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Tax ID or S.S. #

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