

## Child Care Receipt

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

Receipt #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Description of Services:

Date(s) of Service: \_\_\_\_\_

Hours of Care: \_\_\_\_\_ - \_\_\_\_\_

Daily Rate: \$ \_\_\_\_\_

Total Hours: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Outstanding Balance (if applicable): \$ \_\_\_\_\_

Receipt Issued by: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Thank you for choosing \_\_\_\_\_. If you have any questions or concerns, please don't hesitate to contact us.