**Receipt for Childcare Services**

|  |  |
| --- | --- |
| Provider’s Name |  |
| Provider’s Address |  |
| Provider’s EIN or SS # |  |
| Provider’s Phone |  |

|  |  |
| --- | --- |
| Children’s Names |  |
|  |
|  |
| Parent or Guardian Name/s |  |
|  |
| Total Tuition Paid |  |
| Dates |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Provider’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian’s Signature Date