

RECEIPT FOR CHILD CARE SERVICES

Date _____
(yyyy-mm-dd)

Amount \$ _____

Received from _____

Name of Child(ren) 1) _____

2) _____

3) _____

4) _____

5) _____

For Child Care services from _____ to _____
(yyyy-mm-dd) (yyyy-mm-dd)

Provider's Signature

Provider Name: _____

SIN # (If company is not registered) _____

Address: _____

Telephone # _____