

Childcare Worksheet

Name of Taxpayer: _____

Year	Name of 1 st Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
					\$
					\$
					\$
					\$
Total					0.00

Year	Name of 2 nd Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
					\$
					\$
					\$
					\$
Total					0.00

Year	Name of 3 rd Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
					\$
					\$
					\$
					\$
Total					0.00

Year	Name of 4 th Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
					\$
					\$
					\$
					\$
Total					0.00