

# Childcare Worksheet

Name of Taxpayer: \_\_\_\_\_

Date	Name of 1 <sup>st</sup> Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
<b>Total</b>					

Date	Name of 2 <sup>nd</sup> Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
<b>Total</b>					

Date	Name of 3 <sup>rd</sup> Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
<b>Total</b>					

Date	Name of 4 <sup>th</sup> Child	Caregiver or Organization	SIN# (If Caregiver)	# of weeks in summer camp (if applicable)	Amount
<b>Total</b>					