FORT BELKNAP CHILD CARE REPORT AND BILL

PARENT'S NAME_____ **CHILD'S NAME**_____

INVOICE DATES_____
MONTH/YEAR

PROVIDER SIGNATURE_____

	CHECK ONE
SPECIAL NEEDS CHILD	
INFANT/TODDLER (BIRTH -3)	
PRE-SCH (3-5 YEARS)	
SCHOOL AGES (7-12)	

DATE	HALF DAY/FULL DAY	HOURS BILLED	AMOUNT BILLED	AMOUNT APPROVED
		TOTALS	$ -	$ -

SPECIAL NEEDS	$28/HALF DAY- 0 to 6 hours	$40/FULL DAY-6+ to 9 hours
INFANT/TODDLER	$23/HALF DAY- 0 to 6 hours	$35/FULL DAY-6+ to 9 hours
PRE-SCHOOL	$20/HALF DAY- 0 to 6 hours	$30/FULL DAY-6+ to 9 hours
SCHOOL AGE	$19/HALF DAY- 0 to 6 hours	$28/FULL DAY-6+ to 9 hours

8.18.1 Attachment 1
Effective 1/1/2019