

FORT BELKNAP CHILD CARE REPORT AND BILL

PARENT'S NAME _____

CHILD'S NAME _____

INVOICE DATES _____
MONTH/YEAR

PROVIDER SIGNATURE _____

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

CHECK ONE

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