

DAYCARE RECEIPT

This statement is made between the parent(s)/guardians:

_____)
Name of parent(s)
and child care provider

_____)
Name of child care provider
(SIN : _____ & Address: _____)
_____)

for the care of the following children:

_____ child's name

_____ child's name

_____ child's name

Total payment for care \$ _____

for period _____

Signature of child care provider: _____

Date: _____

