

# CHILD CARE INVOICE

Caregiver Name \_\_\_\_\_

Caregiver Phone # \_\_\_\_\_

Care Period \_\_\_\_\_

## DAILY ATTENDANCE

First and Last Name of Child	1 <sup>st</sup> 16 <sup>th</sup>	2 <sup>nd</sup> 17 <sup>th</sup>	3 <sup>rd</sup> 18 <sup>th</sup>	4 <sup>th</sup> 19 <sup>th</sup>	5 <sup>th</sup> 20 <sup>th</sup>	6 <sup>th</sup> 21 <sup>st</sup>	7 <sup>th</sup> 22 <sup>nd</sup>	8 <sup>th</sup> 23 <sup>rd</sup>	9 <sup>th</sup> 24 <sup>th</sup>	10 <sup>th</sup> 25 <sup>th</sup>	11 <sup>th</sup> 26 <sup>th</sup>	12 <sup>th</sup> 27 <sup>th</sup>	13 <sup>th</sup> 28 <sup>th</sup>	14 <sup>th</sup> 29 <sup>th</sup>	15 <sup>th</sup> 30 <sup>th</sup>	31 <sup>st</sup>

## BILLING SUMMARY

Name of Child	INFANT (under 3 years of age)							PRESCHOOL (3 years of age and over)							SCHOOL AGE (any child in school)							Signature/Date				
	9	10	11	27	15	16	17	12	13	14	27	15	16	17	22	23	24	27	15	16	17		18			
Total Units																										
Rate	27.00	22.00	21.00	6.00	31.00	24.50	22.00	25.00	20.50	19.00	6.00	29.00	23.00	20.50	25.00	20.50	19.00	6.00	29.00	23.00	20.50	12.00				
Total																										\$

Caregiver Signature \_\_\_\_\_

Fax to 613-966-8819