

CYCLE # \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

Provider's Name \_\_\_\_\_ Provider's SS #/License # \_\_\_\_\_ Provider's Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's SS # \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Parent's Employer or School (circle one, separate invoice for each) \_\_\_\_\_

By my signature I certify that: I understand that the fraudulent receipt of Child Care benefits for which I am not eligible may result in the repayment of benefits, penalty by fine and/or imprisonment if convicted and loss of child care certification. My signature also indicates that the attendance shown on this invoice is correct and is not used for personal or unauthorized purposes.

Prepared by: Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's SS # \_\_\_\_\_

Child's DOB \_\_\_\_\_

**WEEK 1 (you must mark am or pm for all times)**

Weekday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Date								
Arrival								XXXXX
Departure								XXXXX
Hours								
Absent								

**WEEK 2 (you must mark am or pm for all times)**

Weekday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Date								
Arrival								XXXXX
Departure								XXXXX
Hours								
Absent								

**WEEK 3 (you must mark am or pm for all times)**

Weekday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Date								
Arrival								XXXXX
Departure								XXXXX
Hours								
Absent								

**WEEK 4 (you must mark am or pm for all times)**

Weekday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Date								
Arrival								XXXXX
Departure								XXXXX
Hours								
Absent								

**WEEK 5 (you must mark am or pm for all times)**

Weekday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Date								
Arrival								XXXXX
Departure								XXXXX
Hours								
Absent								

Please check box if fee paid to another provider Registration Fee due for child \$ \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Infant Toddler Pre-School School-Age Accred Non-Trad Spec Need \_\_\_\_\_ Pay Code \_\_\_\_\_ Type \_\_\_\_\_

Service Days \_\_\_\_\_ Absent Days \_\_\_\_\_ Service Hours \_\_\_\_\_ Absent Hours \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5
Full Week					
Part Week					
Hourly					
% Credit					
Total					

Total Payment \_\_\_\_\_ - Fee \_\_\_\_\_ = Agency Payment \_\_\_\_\_