

CHILD'S NAME: _____ MONTH: _____ YR: _____

		FIRST	LAST		AGE/YRS./MOS.						
WEEK 1/date	ABS	ARRIVAL/DEPARTURE	HOURS	OFFICE	PROVIDER INFORMATION						
SUN				FULL WEEK	Name: _____						
MON				\$	Address: _____						
TUES				PART WEEK	City/Zip: _____						
WED				\$	SSN OR License #: _____						
THURS				HOURLY	Phone Number: _____						
FRI				\$ x	TYPE OF PROVIDER YOU ARE: <input type="checkbox"/> Type B <input type="checkbox"/> PPI <input type="checkbox"/> Limited <input type="checkbox"/> Center						
SAT											
TOTALS				\$							
WEEK 2/date	ABS	ARRIVAL/DEPARTURE	HOURS	OFFICE	PARENT INFORMATION						
SUN				FULL WEEK	Name: _____						
MON				\$	Address: _____						
TUES				PART WEEK	Place of Employment/School: _____						
WED				\$	SSN: _____						
THURS				HOURLY							
FRI				\$ x	SIGNATURE I certify that the daycare services on this form were performed and this is a true record being submitted for payment.						
SAT											
TOTALS				\$							
WEEK 3/date	ABS	ARRIVAL/DEPARTURE	HOURS	OFFICE	X _____ PROVIDER DATE						
SUN				FULL WEEK							
MON				\$							
TUES				PART WEEK	X _____ PARENT DATE						
WED				\$							
THURS				HOURLY							
FRI				\$ x							
SAT											
TOTALS				\$							
WEEK 4/date	ABS	ARRIVAL/DEPARTURE	HOURS	OFFICE	FEE INFORMATION						
SUN				FULL WEEK	Category: _____						
MON				\$	Amount of fee parent responsible to pay \$ _____						
TUES				PART WEEK	Amount of fee parent actually paid \$ _____						
WED				\$							
THURS				HOURLY							
FRI				\$ x							
SAT											
TOTALS				\$							
WEEK 5/date	ABS	ARRIVAL/DEPARTURE	HOURS	OFFICE	OFFICE USE ONLY						
SUN				FULL WEEK		FULL WK	PART WK	HRLY (-7)	HRLY (50+)		
MON				\$	HOURS						
TUES				PART WEEK	# ABS days						
WED				\$	SUBTOTAL						
THURS				HOURLY	(-) FEE						
FRI				\$ x	5% nt						
SAT					5% sp needs						
TOTALS				\$							
SUN				FULL WEEK	MISC.						
MON				\$	MISC.					GRAND TOTAL	
TUES				PART WEEK	TOTAL	\$	\$	\$	\$		
WED				\$	TO EXPEDITE PAYMENT... ALL INFORMATION MUST BE COMPLETELY FILLED OUT!!!						
THURS				HOURLY							
FRI				\$ x							
SAT											
TOTALS				\$							

CHILD CARE BILLING FORM

BILLING MONTH _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

PARENTS SIGNATURE _____