



STATEMENT OF CHILD CARE EXPENSES

CHILD CARE PROVIDER

I, \_\_\_\_\_, do hereby state that I provide care for \_\_\_\_\_
(List names of child/children).

For this service, I am paid \$\_\_\_\_\_ per \_\_\_\_\_ (circle one day/week/month)
and I provide care \_\_\_\_\_ (circle one day/week/months) a year.

\_\_\_\_\_ This amount is paid by the parent
\_\_\_\_\_ This amount is paid by the Welfare Office.
\_\_\_\_\_ Other (Describe) \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

PARENT

I, \_\_\_\_\_, pay \_\_\_\_\_ (name of provider)

\$\_\_\_\_\_ per \_\_\_\_\_ for Child care services, in order that I may work, and I am not reimbursed by an agency.

Signature of Parent \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_