CHILD CARE RECEIPT

PAID

CHILD CARE PROVIDER

Provider name _____

Address _____

Phone / email _____

Taxpayer ID no. _____

RECEIPT DETAILS

Receipt no. _____

Receipt date _____

PAID BY (PARENT OR GUARDIAN)

Name _____

Address _____

CHILD AND CARE PERIOD

Child's name _____ Care period _____

Care provided _____

Description	Qty	Unit	Rate	Amount

PAYMENT

Payment method _____

Payment reference _____

Date received _____

Total for this care period	
Amount paid	
Balance after this payment	

_____ _____

Provider signature Date

Received with thanks. Please keep this receipt with your child care payment records.