

CHILD CARE INVOICE

From _____ **To** _____
Month / Day / Year Month / Day / Year

Provider's Name (please print) _____ **Provider's ID** _____ **Provider's Phone** _____

Provider's Address (please print) _____

Accredited Yes No **Type** A B C L

Child's Name _____ **ID** _____ **DOB** _____

Age Category
 Infant **Toddler** **Pre-School** **School-Age**
(under 18 months) (18 months through 2 years) (3 years to kindergarten eligible) (kindergarten eligible on)

Family Co-Pay \$ _____ **Paid** Yes No
 Check if co-pay is paid to another provider
 Any other Provider(s) billing during this invoice cycle
Name(s) _____

Registration Fee Due for Child \$ _____

Week.....7-day period; 12 a.m. Sunday to 11:59 p.m. Saturday
Full-Time Week.....25 to 60 Hours
Part-Time Week.....7 to 24.9 Hours
Hourly.....1 to 6.9 Hours
Non-Traditional Hours.....7 p.m.-6 a.m.; M-F and all weekends 6 a.m. Saturday-6 a.m. Monday

ABSENT DAYS should **only be used** when a parent or child is gone unexpectedly. On the reverse side, mark an A in the absent line to indicate eligible days.

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.

_____ Provider's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ Parent's Printed Name	

Provider: _____
 (PLEASE PRINT)

Child: _____
 (PLEASE PRINT)

You MUST mark a.m. or p.m. for all times.
 Round each time to nearest 15-minute increment.

WEEK 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Arrival								
Departure								
Hours								Total Hours
Absent (A)								

WEEK 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Arrival								
Departure								
Hours								Total Hours
Absent (A)								

WEEK 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Arrival								
Departure								
Hours								Total Hours
Absent (A)								

WEEK 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Arrival								
Departure								
Hours								Total Hours
Absent (A)								

WEEK 5	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Arrival								
Departure								
Hours								Total Hours
Absent (A)								

FOR OFFICE USE ONLY								Monthly Total
<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Pre-School	<input type="checkbox"/> School-Age					
5% Non-Traditional	Week 1 <input type="checkbox"/>	Week 4 <input type="checkbox"/>	5% Accredited <input type="checkbox"/>	5% Special Needs <input type="checkbox"/>				
	Week 2 <input type="checkbox"/>	Week 5 <input type="checkbox"/>						
	Week 3 <input type="checkbox"/>							

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
FULL WEEK					
PART WEEK					
HOURLY	____ hrs X ____ = ____	____ hrs X ____ = ____	____ hrs X ____ = ____	____ hrs X ____ = ____	____ hrs X ____ = ____
TOTAL					

Payment \$ _____ + Registration Fee \$ _____ - Co-Pay \$ _____ = Agency Payment \$ _____

Pay Code _____ Approved _____