

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 (under 18 months) ☐ Toddler (18 months through 2 years) ☐ Pre-School (3 years to kindergarten eligible) ☐ School-Age (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 50 Hours (Home Providers)
25 to 60 Hours (Centers)
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: _____

Child: _____

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

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

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

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

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

(PLEASE PRINT)							
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 \$
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Pay Code	Approved
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