

2019 DAYCARE STATEMENT

FOR: _____

PROVIDER: _____

TAX ID/SS #: _____

DAYCARE WAS PROVIDED FOR _____ FROM _____, 2019
CHILD(REN)'S NAME DATE

THROUGH _____, 2019. TOTAL AMOUNT PAID FOR SERVICES IN 2019 WAS
DATE

\$ _____.

SIGNATURE OF PROVIDER

SIGNATURE OF PARENT

DATE

2019 DAYCARE STATEMENT

FOR: _____

PROVIDER: _____

TAX ID/SS #: _____

DAYCARE WAS PROVIDED FOR _____ FROM _____, 2019
CHILD(REN)'S NAME DATE

THROUGH _____, 2019. TOTAL AMOUNT PAID FOR SERVICES IN 2019 WAS
DATE

\$ _____.

SIGNATURE OF PROVIDER

SIGNATURE OF PARENT

DATE