

Fee Sheet

Facility Information

Childcare Program Name: _____

Address: _____

City/State/Zip: _____

Telephone number: _____

Child's Name: _____ Weekly Fee: \$ _____

Child's Name: _____ Weekly Fee: \$ _____

Child's Name: _____ Weekly Fee: \$ _____

Child's Name: _____ Weekly Fee: \$ _____

I, _____ (parent's name) certify that I pay the above fees to
_____ (provider's name) each week for the care of my
child(ren).

Parent/Guardian Signature

Date

Provider Signature

Date