Child Care Year End Receipt for Parents

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Child Care Payments for 2012 Provider's Name Provider's Address Provider's EIN or Social Security # Provider's Phone # Parent's Name/s Child/ren's Name Total Tuition Paid \$ Child Care Tuition through Month/Date through Month/Date Parent's Signature		Treasures of the Hea	art Preschool and	d Child Care
Provider's Name Provider's Address Provider's EIN or Social Security # Provider's Phone # Parent's Name/s Child/ren's Name Total Tuition Paid \$ Child Care Tuition through Month/Date through Month/Date Parent's Signature Date Parent's Signature Date				
Provider's Address Provider's EIN or Social Security # Provider's Phone # Parent's Name/s Child/ren's Name Total Tuition Paid \$ Child Care Tuition through Month/Date through Month/Date Parent's Signature		Child Care Payments for	2012	
Provider's EIN or Social Security # Provider's Phone # Parent's Name/s Child/ren's Name Total Tuition Paid \$ Child Care Tuition through Month/Date through Month/Date Parent's Signature	Provider's Name			
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Parent's Name/s Child/ren's Name Total Tuition Paid \$ Child Care Tuition through Month/Date through Month/Date Parent's Signature	Provider's EIN or Se	ocial Security#		
Child/ren's Name Total Tuition Paid \$ Child Care Tuition through Month/Date through Month/Date Parent's Signature	Provider's Phone #			
Total Tuition Paid \$ Child Care Tuition through	Parent's Name/s			
Child Care Tuition through Month/Date through Month/Date Parent's Signature Date Parent's Signature Date	Child/ren's Name			
Month/Date through Month/Date Parent's Signature Date Parent's Signature Date	Total Tuition Paid \$			
Parent's Signature Date	Child Care Tuition t	hrough Month/Date	through	Month/Date
	Parent's Signature		Date	
Provider's Signature Date	Parent's Signature		Date	
	Provider's Signature	·	Date	

You have the 2 options when using this year end receipt for parents form:

- 1. Print up form, fill out and give to parents for their taxes.
- 2. Fill out form on the computer by typing directly onto the form. Print and sign in the signature section.

To type directly onto form, type in blue boxes. When printing up form, blue boxes will not show up.

Make 2 copies. One for your records and one for parents. Have them sign your copy.



Child Care Payments for _____

Provider's Name			
Provider's Address			
Provider's EIN or Social Se	ecurity #		
Provider's Phone #			
Parent's Name/s			
Child/ren's Name			
Total Tuition Paid \$			
Child Care Tuition through	Month/Date	through	Month/Date
Parent's Signature		Date	
Parent's Signature		Date	
Provider's Signature		Date _	