

Infant Care Payment Statement

Parent/Guardian Name:	<input type="text"/>
Infant's Name:	<input type="text"/>
Payment Date:	<input type="text"/>
Care Period (From):	<input type="text"/>
Care Period (To):	<input type="text"/>
Total Amount Due:	<input type="text"/>
Amount Paid:	<input type="text"/>
Balance:	<input type="text"/>
Payment Method:	<div><input type="text"/></div> <div></div>
Notes:	<div></div>

Submit