

Childcare Services Billing Statement

Child Name:

Parent/Guardian Name:

Billing Period:

Date	Description	Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount Due:

Due Date:

Comments/Notes:

Provider Signature: _____

Date: