

Child Minding Fee Statement

Parent/Guardian Name:

Child Name:

Statement Date:

Period Covered:

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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount Due				<input type="text"/>

Notes:

Issued By:

Signature: