

# CHILDCARE INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

## Provider Details:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

---

## Parent/Guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## Child Information:

Child Name: \_\_\_\_\_

Care Period: \_\_\_\_\_

Date	Check In	Check Out	Daily Activities/Notes	Hours	Rate	Total

Date	Check In	Check Out	Daily Activities/Notes	Hours	Rate	Total

Subtotal: \$ \_\_\_\_\_

Additional Fees: \$ \_\_\_\_\_

---

**Total Due: \$ \_\_\_\_\_**

**Payment Terms & Notes:**

.....

Provider Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_