

# CHILD CARE RECEIPT

Name of Parent: \_\_\_\_\_

Name and ages of children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check the dates you are at the conference and need child care

Mon	Tues	Wed	Thurs	Fri

We will pay you \$25 a day up to if you attend the full conference day. We will pay up to \$100 if you attend four or more conference days. The payment schedule looks like this:

- If you attend one full conference day \$25
- If you attend two full conference days \$50
- If you attend three full conference days \$75
- If you attend four or more full conference days \$100

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Name of Child Care Provider _____
Signature of Child Care Provider

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Signature of Parent (person receiving the service)

<p style="text-align: center;"><b>FOR ADMINISTRATIVE USE ONLY</b></p> <p>Total Amount: _____</p> <p>Approved by: _____</p> <p>Date: _____</p>
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