

Employment and Social Services
435 Grand Avenue West, Chatham, ON
N7M 5L8, 519-351-8573
ckess@chatham-kent.ca

## **Child Care Receipt**

**Instructions:** This form may be used as a child care receipt when receipts are unavailable from your child care provider. The parent, along with the childcare provider or the babysitter, needs to complete, sign, and submit this form to your case manager when it is used as a receipt for expense purposes.

|   | Case Manager's Name   | :     |  |
|---|-----------------------|-------|--|
|   | Date (submitted):     |       |  |
|   | For the period of:    |       | (16 <sup>th</sup> of previous month to 15 <sup>th</sup> of this month) |
|   | Total Hours of Care:  |       |  |
|   | Total Payment Receive | ed:   |  |
| Full Name of Pa   | rent/Guardian:        |       | Telephone Number:  |
| Full Name of Child Care Provider:                                 |                       |       | Telephone Number:  |
| Address of Child  | Care Provider:        |       |  |
| Full Names of Children:   |                       |       | Ages:  |
| 1.  |                       |       |  |
| 2.  |                       |       |  |
| 3.  | •                     |       |  |
| 4.  | •                     |       |  |
| I declare the information given here to be accurate and complete: |                       |       |  |
| Signature of Parent/Guardian:                                     |                       | Date: | Signature of Child Care Provider:                                      |