

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

Name of Child Care Provider _____

Signature of Child Care Provider

Signature of Parent (person receiving the service)

FOR ADMINISTRATIVE USE ONLY

Total Amount: _____

Approved by: _____

Date: _____