



www.ChildrensHungerAlliance.org

Date: _____

Provider's Name: _____

Provider's Address: _____

City, State and Zip _____

I hereby state, that the Child Care Provider listed above is caring for my child/children and that I, as the parent/guardian, am responsible for paying:

Weekly: \$ _____ **Bi-Weekly:** \$ _____ **Monthly:** \$ _____

Children in Provider's care:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 9. _____ |

Parent/Guardian Signature: _____

Print Name: _____

Phone Number: _____

"This institution is an equal opportunity provider."
7/10 JN

