STATEMENT OF CHILD CARE EXPENSES

_____**(PROVIDER)**, do hereby state that I/we provide childcare for:

_____

_____

(List names of child/children).

The total amount paid for childcare for the above children in __20_____ was: _____$_____

Signature and Stamp of Provider: Date: _____

Address and Phone Number of Provider:

_____

_____

_____

I, _____(PARENT) , paid (PROVIDER) $_____ for Child care services rendered in the year ___20_____, in order that I may work, and I am not reimbursed by an agency.

Signature of Parent and Address: Date: _____

_____

_____

_____