

Confirmation of Child Care

To be completed by Child Care Provider

Name: _____

Address: _____

Phone #: _____

Related to Client/Spouse: Yes Relationship: _____

No

Child care is required for the following child(ren) for the following hours per day:

	M	T	W	T	F	S	S
_____	—	—	—	—	—	—	—
_____	—	—	—	—	—	—	—
_____	—	—	—	—	—	—	—

Child Care Cost: \$ _____/week

Start Date of Care: _____
(dd/mm/year)

End Date of Care: _____
(dd/mm/year)

Signature

Date