



CHILD CARE PROVIDER SUBSIDY INVOICE

If you have any questions regarding this form, please contact our local Client Services Officer.
ALL INFORMATION MUST BE COMPLETE IN ORDER TO AVOID DELAYS.

CHILD CARE PROVIDER INFORMATION

Name of Facility/Operator:		Telephone No. ()
Address	City/Community , NT	
<input type="radio"/> Licensed or <input type="radio"/> Unlicensed		Days Open this Month:

CHILD'S INFORMATION

Name of Child	Age	From: (y/m/d)	To: (y/m/d)	Cost Per Child	Parent's Name
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
Total Amount Owing for Services:				\$	

ATTENDANCE REGISTER

Codes	P - Present for half day			A - Present after school			S - Child sick						U - Unexplained absence					F - Present for full day			H - Statutory holiday			W - Weekend		Days Attended	Total Charge			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25			26	27	28
Child's Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31														
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COMMENTS

DECLARATION

This is true and accurate information pertaining to the cost and the daycare services provided for the above.

_____ | _____
 Signature of Child Care Provider | Date - y/m/d