



Income Assistance

# Form J – Child Care Provider Invoice

Case Number: \_\_\_\_\_

Month: \_\_\_\_\_

## Child Care Provider Information

Name of Facility/Operator											SIN			/	/		
Telephone						Community											, NT
Child Care Provider Address													Postal Code				
Email											<input type="checkbox"/> Licensed		<input type="checkbox"/> Unlicensed				

## Attendance Register

### To be completed by Child Care Provider

Codes P – Present for Half Day    A – Present After School    S – Child Sick    W – Weekend  
 U – Unexplained Absense    F – Present for Full Day    H – Statutory Holiday

Name of Child												Date of Birth (YY/MM/DD)				/	/	Age
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Days Attended		
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		Total Charge		

  

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Days Attended		
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Days Attended		
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		Total Charge		

## Declaration

This is true and accurate information pertaining to the cost and the daycare services I have provided for the above child(ren).

Signature of Child Care Provider

Date (YY/MM/DD) / /