

Caregiver Name

Social Insurance Number

--	--

Mailing Address

Phone

--

Email (if applicable)

--

Child Care - Official Receipt

Child's Full Name

Child's Date of Birth

[Child must be under 16 at the beginning of the tax year]

Start Date

End Date

Total Paid

--	--	--

Full Name of Payee (Parent / Guardian)

--

Authorized Signature

Date Issued

--	--