	Child Care Receipt Date
Child Name:	
From:	To:
Payment per	Day Hour: \$
Back Pay Due:	\$ Total: \$
Payment Metho	od:
Card/Check No	.:
Signature:www.PrintableCashReceipts.com	
	Child Care Receipt Date
Child Name:	
	To:
Payment per	Day Hour: \$
Back Pay Due:	·
Payment Metho	
Card/Check No.	:
Signature:	

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