

Child's Name \_\_\_\_\_ Week of: \_\_\_\_\_ 2012

Day	Hours	Rate Code	Totals
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

*ABC Daycare*

Bill of Child Care Services Rendered

Subtotal	
minus Credit	
plus Balance Owed	
plus Late Fees	
<b>TOTAL OWING</b>	

Unused Credit	
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