



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="checkbox"/> Licensed or <input type="checkbox"/> 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							Days Attended	Total Charge	
	U - Unexplained absence				F - Present for full day				H - Statutory holiday			W - Weekend						
Child's Name	1 16	2 17	3 18	4 19	5 20	6 21	7 22	8 23	9 24	10 25	11 26	12 27	13 28	14 29	15 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.

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