



PARENT PAYMENT VERIFICATION

Child Care Home: _____ Owner: _____

Note to the child care provider:

Please have each parent fill out one of the below sections for each of his/her children. Please make as many copies as needed.

1.) Child's Name: _____
Age: _____
of hours per week: _____
Cost per week: _____

I, _____, attest that the above information is true to the best of my knowledge.
(Parent's signature)

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2.) Child's Name: _____
Age: _____
of hours per week: _____
Cost per week: _____

I, _____, attest that the above information is true to the best of my knowledge.
(Parent's signature)

.....

3.) Child's Name: _____
Age: _____
of hours per week: _____
Cost per week: _____

I, _____, attest that the above information is true to the best of my knowledge.
(Parent's signature)

.....

4.) Child's Name: _____
Age: _____
of hours per week: _____
Cost per week: _____

I, _____, attest that the above information is true to the best of my knowledge.
(Parent's signature)

.....

5.) Child's Name: _____
Age: _____
of hours per week: _____
Cost per week: _____

I, _____, attest that the above information is true to the best of my knowledge.
(Parent's signature)