



## Confirmation of Child Care

To be completed by Child Care Provider

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Related to Client/Spouse: Yes ☐ Relationship: \_\_\_\_\_

No ☐

Child care is required for the following child(ren) for the following hours per day:

	M	T	W	T	F	S	S
_____	—	—	—	—	—	—	—
_____	—	—	—	—	—	—	—
_____	—	—	—	—	—	—	—

Child Care Cost: \$\_\_\_\_\_/week

Start Date of Care: \_\_\_\_\_  
(dd/mm/year)

End Date of Care: \_\_\_\_\_  
(dd/mm/year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

November 2020