

Cabrillo College
CARE Program
Fall 2011
Childcare Receipt

**The information provided below is to be projected for September to December 2011*

Student Name: _____ ID: _____

Childcare Provider's Name: _____

CHILDREN:

NAME	AGE

Estimate # of hours per month: _____.

Estimate amount to be paid per month: _____.

Provider's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

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 For office use only

Received by: _____

Date: _____