



Confirmation of Child Care

To be completed by Child Care Provider

Name: _____

Address: _____

Phone Number: _____

Related to Client or Spouse: Yes No

If yes, please specify the relationship: _____

Please insert the following information below:

1. The names of the child(ren) for whom child care is required in spaces on the left; and
2. The number of hours child care is required per day in the boxes below. Only indicate the hours for the days in which child care is required.

M T W T F S S

Name: _____

Name: _____

Name: _____

Child Care Cost: \$ _____ /week

Start Date of Care: _____
(DD-MM-YYYY)

End Date of Care: _____
(DD-MM-YYYY)

Signature

Date