|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Children Daycare Receipt | | | | | | | | |
|
| Name of the Day care Center: | | |  | | | | | |
| Address of the Center: | | |  | | | | | |
| Contact Details: | | |  | | | | | |
|  |  |  |  |  |  |  |  |
| Services | | | | | | | | |
| Age Limit | | |  | | | | | |
| Time | | |  | | | | | |
| Meals | | |  | | | | | |
| Other Services | | |  | | | | | |
| Feedback from Old Customers | | |  | | | | | |
|  |  |  |  |  |  |  |  |
| Child Care Check In Sheet | | | | | | | | |
| Child’s Name | | |  | | | | | |
| Date | | |  | | | | | |
| Drop Off Time | | |  | | | | | |
| Pick Up Time | | |  | | | | | |
| Last Feeding Was | | |  | | | | | |
| Last Diaper Change at What Time? | | |  | | | | | |
| Medications If Any | | |  | | | | | |
| Treatments If Any | | |  | | | | | |
| Dosage If Any | | |  | | | | | |
| **Comments:** | | |  | | | | | |

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