

Child Care Donation In-Kind Form

Parent's Name: _____ Child Care Provider Name: _____
Address: _____
Activity: _____ Phone #: _____
Date of Service: _____

Child's Name:	Age:	Hours:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** By Signing, I acknowledge I have provided services above****

Child Care Providers Signature: _____ Date: _____

Please mark one EHS _____ PHS _____ CCC _____

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