

Child Care Donation In-Kind Form

Parent's Name: John Doe Child Care Provider's Name: Jane Smith
Activity: Policy Council Provider's Address: 555 N. 100 E. N. Logan, UT
Date of Service: 04/19/2026 Provider's Phone #: 435-222-5555

Child's Name:	Age:	Hours:
<u>Max Doe</u>	<u>2</u>	<u>1.5</u>
<u>Lily Doe</u>	<u>1</u>	<u>1.5</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

** By Signing, I acknowledge that I have provided the service/s listed above. **

Child Care Provider's Signature: _____ Date: _____

STAFF USE ONLY

Please mark one: EHS PHS _____

Totals: Total Hours (for children 2 & older): 1.5

Total Hours (for children under 2 &/or w/disabilities): 1.5

Staff Signature: _____ Date: _____

Child Care Donation In-Kind Form

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

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

** By Signing, I acknowledge that I have provided the service/s listed above. **

Child Care Provider's Signature: _____ Date: _____

STAFF USE ONLY

Please mark one: EHS _____ PHS _____

Totals: Total Hours (for children 2 & older): _____

Total Hours (for children under 2 &/or w/disabilities): _____

Staff Signature: _____ Date: _____