

## 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): \_\_\_\_\_ x \$2.00 = \$ \_\_\_\_\_

+ Total Hours (for children under 2 &/or w/disabilities): \_\_\_\_\_ x \$2.50 = \$ \_\_\_\_\_

= Total Donated Child Care Amount: \$ \_\_\_\_\_

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): \_\_\_\_\_ x \$2.00 = \$ \_\_\_\_\_

+ Total Hours (for children under 2 &/or w/disabilities): \_\_\_\_\_ x \$2.50 = \$ \_\_\_\_\_

= Total Donated Child Care Amount: \$ \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_