

PROVIDER'S BILL: Bill According to **Your Own** Fee Schedule

You can use the calendar below to Mark (X) days of care to help with calculations.

Su	M	T	W	Th	F	Sa	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1st wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2nd wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3rd wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4th wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5th wk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6th wk

	If You Charge WEEKLY	or	If You Charge DAILY or HOURLY	Multiplied by Days or Hrs.	SUBTOTAL
	\$	or	\$	x	= \$
	\$	or	\$	x	= \$
	\$	or	\$	x	= \$
	\$	or	\$	x	= \$
	\$	or	\$	x	= \$
	\$	or	\$	x	= \$
	\$	or	\$	x	= \$
	\$	or	\$	x	= \$
				If You Charge MONTHLY Rates ONLY	\$
				Annual Registration Fees Due This Month	\$
				GRAND TOTAL	\$

PRORATE 1st & last weeks (if partial)

FAMILY FEE STATEMENT: (Do not include payments made for delinquent fees.)

This section must be completed by ALL Family Fee Paying Parents and their Providers (based on the child & provider for whom the Family Fee Notice has been issued).

This is to certify that on _____ I, _____ received/collected family fees in the amount of _____ of \$ _____ for _____.

Date Received Provider's Name

Amount Month

This is to certify that I, _____ did not receive/collect family fees for the month of _____ because (explain): _____

Provider's Name Month

Note: If the parent did not pay his/her family fees in full for this month – but made a payment agreement with the provider – a copy of that payment agreement MUST be submitted with this form. Please keep in mind that while a payment agreement is in place, the parent MUST make those payments, in addition to their regular family fees on a monthly basis. Failure to do so may result in termination of child care services.