

ALBERTA UNION OF PROVINCIAL EMPLOYEES **CHILD CARE RECEIPTS**

PROVIDER INFORMATION

Name:

Address:

Phone Number:

CHILDRENS' INFORMATION

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

Child Name:

Age:

DATE & HOURS CARE PROVIDED

| | Date 1 | Date 2 | Date 3 | Date 4 |
|--------------|--------|--------|--------|--------|
| Date: | | | | |
| Time Starts: | | | | |
| Time Ends: | | | | |
| Total hours: | | | | |
| Total Paid: | | | | |

Member Signature:

Provider Signature:

Date:

Date:

* Note: If you have union Time Off on the date which you claim child care, please fill out the back of this form

DATE & HOURS OF YOUR WORK SCHEDULE

Date 1:

Time Starts:

Time Ends:

Total hours:

DATE & HOURS OF YOUR WORK SCHEDULE

Date 2:

Time Starts:

Time Ends:

Total hours:

DATE & HOURS OF YOUR WORK SCHEDULE

Date 3:

Time Starts:

Time Ends:

Total hours:

DATE & HOURS OF YOUR WORK SCHEDULE

Date 4:

Time Starts:

Time Ends:

Total hours: