Parent Fee Record

Parent Name: _____ Children: _____

Full Address: _____ _____

Phone #'s: _____ _____

Daily Parent Fee Total: _____ Parent Pays: _____ Subsidy Pays: _____

Billing Date From/to	# of Days X Parent Amt.	Parent Owes	Parent Paid	Date Paid M/D/Y	Comments

Parent Fee Record

Parent Name: _____ Children: _____

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Billing Date From/to	# of Days X Parent Amt.	Parent Owes	Parent Paid	Date Paid M/D/Y	Comments