

Fauquier Community Child Care, Inc.
School Year 2018-2019
Tax ID#: 54-1590790

PAYMENT

FEE PAID: \$ _____

CASH

CHECK/MO # _____

Retain this portion for your tax and other financial records.

MONTH: _____ **PAYMENT**

CHILD(REN): _____

SITE: BRADLEY BRUMFIELD C. H. RITCHIE
 COLEMAN GRACE MILLER GREENVILLE
 H.M. PEARSON M.M. PIERCE MARY WALTER
 P.B. SMITH

TYPE OF CARE:

FULL-TIME (*please circle one*)
BEFORE AFTER COMBO
 REGISTRATION FEE (\$55.00)

PART-TIME (*please circle one*)
BEFORE AFTER COMBO

Check/MO # _____

Cash/Receipt # _____

FEE PAID: \$ _____

Fauquier Community Child Care, Inc.
School Year 2018-2019
Tax ID#: 54-1590790

ADDED CARE

PUNCH CARD

DATE(S): _____

FEE PAID: \$ _____

CASH

CHECK/MO # _____

Retain this portion for your tax and other financial records.

ADDED CARE PAYMENTS

CHILD(REN): _____

PUNCH CARD (\$145.00) FCCCI STAFF: PUNCH CARD #: _____

ALL OTHER TYPES OF CARE - \$20.00, PER CHILD, PER DAY:

HALF-DAY DATE(S): _____ SITE: _____

DELAYED OPENING DATE(S): _____ SITE: _____

HOLIDAY/TWD DATE(S): _____ SITE: _____

INCLEMENT WEATHER DATE(S): _____ SITE: _____

Check/MO # _____

Cash/Receipt # _____

FEE PAID: \$ _____