

Fauquier Community Child Care, Inc.
Summer Camp 2019

WEEK _____

FEE PAID: \$ _____

CASH

CHECK/MO # _____

Retain this portion for your tax
and other financial records.

Tax ID#: 54-1590790

WEEK _____ **CAMP PAYMENT**

CHILD(REN): _____

SITE: BRUMFIELD H.M. PEARSON
 P.B. SMITH TEEN CAMP

TYPE OF CARE:

CAMP ONLY COMBO CAMP

OTHER FEES (Late Payment Fees, Registration Fee, Punch Card, etc.)

FEE PAID: \$ _____ Check/MO # _____

Cash/Receipt # _____

FCCCI STAFF: PUNCH CARD #: _____