West Virginia Department of Health and Human Resources

## CHILD CARE PARENT FEE NOTICES

(For Use by Child Care Provider)

NO	NO
BILLING - CHILD CARE FEES	RECEIPT - CHILD CARE FEES
Date:	Date Received:
То:	Received From:
Time Period Covered:	Time Period Covered:
Daily Fee:	Amount Due:
Total Fee:	Amount Paid:
Date Payment Due:	Balance Due:
From:	Received By:
NO	NO
BILLING - CHILD CARE FEES	RECEIPT - CHILD CARE FEES
Date:	Date Received:
То:	Received From:
Time Period Covered:	Time Period Covered:
Daily Fee:	Amount Due:
Total Fee:	Amount Paid:
Date Payment Due:	Balance Due:
From:	Received By:
NO	NO
NO BILLING - CHILD CARE FEES	NO RECEIPT - CHILD CARE FEES
BILLING - CHILD CARE FEES	RECEIPT - CHILD CARE FEES
<u>BILLING - CHILD CARE FEES</u> Date:	<u>RECEIPT - CHILD CARE FEES</u> Date Received:
BILLING - CHILD CARE FEES Date: To: Time Period Covered:	<u>RECEIPT - CHILD CARE FEES</u> Date Received: Received From: Time Period Covered:
BILLING - CHILD CARE FEES Date: To: Time Period Covered: Daily Fee:	RECEIPT - CHILD CARE FEES Date Received: Received From: Time Period Covered: Amount Due:
BILLING - CHILD CARE FEES Date: To: Time Period Covered:	<u>RECEIPT - CHILD CARE FEES</u> Date Received: Received From: Time Period Covered:
BILLING - CHILD CARE FEES         Date:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:
BILLING - CHILD CARE FEES         Date:         To:         To:         Time Period Covered:         Daily Fee:         Daily Fee:         Total Fee:         Date Payment Due:         From:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:
BILLING - CHILD CARE FEES         Date:         To:         To:         To:         Daily Feriod Covered:         Daily Fee:         Date Payment Due:         From:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:
BILLING - CHILD CARE FEES         Date:         To:         Time Period Covered:         Daily Fee:         Total Fee:         Date Payment Due:         From:         NO.         BILLING - CHILD CARE FEES	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:         NO.         RECEIPT - CHILD CARE FEES
BILLING - CHILD CARE FEES         Date:         To:         Time Period Covered:         Daily Fee:         Daily Fee:         Total Fee:         Date Payment Due:         From:         NO.         BILLING - CHILD CARE FEES         Date:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:         NO.         RECEIPT - CHILD CARE FEES         Date Received:
BILLING - CHILD CARE FEES         Date:         To:         To:         Time Period Covered:         Daily Fee:         Daily Fee:         Total Fee:         Date Payment Due:         From:         NO.         BILLING - CHILD CARE FEES         Date:         To:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:         NO.         RECEIPT - CHILD CARE FEES         Date Received:         Received From:
BILLING - CHILD CARE FEES         Date:         To:         To:         Time Period Covered:         Daily Fee:         Total Fee:         Date Payment Due:         From:         NO.         BILLING - CHILD CARE FEES         Date:         To:         Time Period Covered:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:         NO.         RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:
BILLING - CHILD CARE FEES         Date:         To:         Time Period Covered:         Daily Fee:         Date Payment Due:         From:         NO.         BILLING - CHILD CARE FEES         Date:         To:         Time Period Covered:         Date:         Date:         To:         Time Period Covered:         Daily Fee:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:         NO.         RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Mathematical Amount Due:
BILLING - CHILD CARE FEES         Date:         To:         To:         Time Period Covered:         Daily Fee:         Date Payment Due:         From:         NO.         BILLING - CHILD CARE FEES         Date:         To:         To:         To:         Time Period Covered:         Daily Fee:         To:         Time Period Covered:         Daily Fee:         Total Fee:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:         NO.         RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:
BILLING - CHILD CARE FEES         Date:         To:         Time Period Covered:         Daily Fee:         Date Payment Due:         From:         NO.         BILLING - CHILD CARE FEES         Date:         To:         Time Period Covered:         Date:         Date:         To:         Time Period Covered:         Daily Fee:	RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Amount Due:         Amount Paid:         Balance Due:         Received By:         NO.         RECEIPT - CHILD CARE FEES         Date Received:         Received From:         Time Period Covered:         Mathematical Amount Due: