



West Virginia Department of Health and Human Resources

Child Care Parent Fee Notices
(For Use by Child Care Provider)

Billing - Child Care Fees No. _____

Date: _____

To: _____

Time Period Covered: _____

Daily Fee: _____

Total Fee: _____

Date Payment Due: _____

From: _____

Receipt - Child Care Fees No. _____

Date Received: _____

Received From: _____

Time Period Covered: _____

Amount Due: _____

Amount Paid: _____

Balance Due: _____

Received By: _____

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