

CHILDCARE SERVICE EXPENSE SHEET

Client Name: _____

Childcare provider or organization:

Name: _____

Address: _____

Telephone: _____

Service provided for:

Child's name & age:

(1) _____

(2) _____

(3) _____

Hours of service needed for:

(1) _____

(2) _____

(3) _____

Cost per hour/day/week/month:

(1) _____

(2) _____

(3) _____

• **Total cost per child:** _____

• **Total cost childcare:** _____

• **Additional Comments:**

I acknowledge that I am the only person in my family who is requesting financial assistance for childcare for the above mentioned children. (In relation to a program offered through Employment Nova Scotia).

Parent's Signature

Date

Childcare Provider's Signature

Date