



Child Care Plus Family Care Form

Date: _____ Provider: _____

Mother: _____ Father: _____

Child: _____ Child: _____

Child: _____ Child: _____

Type of Care Used (check all applicable)

Hourly Care Overnight Care Full Day Care Holiday Care

Hourly Care:

_____ X _____ = _____
Rate Hours Used Hourly Fee

Overnight Care:

_____ X _____ = _____
Rate Hours Used Overnight Fee

Full Day Care:

_____ X _____ = _____
Rate Days Used Full Day Fee

Holiday Care:

_____ X _____ = _____
Rate Hours Used Holiday Fee

_____ Total Fee Charged

Provider Signature: _____ Parent Signature: _____

Please send completed form immediately following care to:
 Infant Toddler Family Day Care, Child Care Plus Program
 11166 Fairfax Blvd., Suite 206, Fairfax, VA 22030 Fax 703-352-7730 or
 email: wlaui@itfdc.com