# Child Care Record of Payment

**Name of Child Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year: \_\_\_\_\_\_\_\_\_\_\_\_**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name** | **Total Charges** | **ICCP Payment** | **ICCP Payment Received** | **Family Payment** | **Family Payment Received** | **Total Received** |
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**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Name** | **Total Charges** | **ICCP Payment** | **ICCP Payment Received** | **Family Payment** | **Family Payment Received** | **Total Received** |
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**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Name** | **Total Charges** | **ICCP Payment** | **ICCP Payment Received** | **Family Payment** | **Family Payment Received** | **Total Received** |
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This is a sample form that may be used by child care providers to document payment. Programs are encouraged to replace the IdahoSTARS logo and other information with that of the provider’s program. This form may be altered to best meet the requirements of individual child care programs.