



TAX RECEIPT FORM 2024

CHILD		CHILD (DATE OF BIRTH)			ATTENDANCE		
FAMILY NAME	FIRST NAME	DAY	MONTH	YEAR	# OF WEEKS	# OF DAYS	TOTAL PAID
1							
2							
3							
4							

PARENT'S FAMILY NAME, FIRST NAME	
HOME ADDRESS (INCL. APT. NO.)	
CITY + POSTALCODE	
SOCIAL INSURANCE NUMBER	