



FOUR SEASONS CHILDCARE & PRESCHOOL

TAX/CHILDCARE DEPENDENT CARE ACCOUNT

EIN #23-1931610

NAME: _____

DATE	Fee Type	Amount Due	Total Paid	Office Signature
	Maintenance Fee			
	Activity Fee			
	Registration Fee			
	Summer Act Fee			
	JANUARY Tuition			
	FEBRUARY Tuition			
	MARCH Tuition			
	APRIL Tuition			
	MAY Tuition			
	JUNE Tuition			
	JULY Tuition			
	AUGUST Tuition			
	SEPTEMBER Tuition			
	OCTOBER Tuition			
	NOVEMBER Tuition			
	DECEMBER Tuition			

Please keep this form for your Tax/Childcare Dependent Care needs. Complete the form and bring to the front office for signature.