# Additional Daycare Providers

Use this page if you have more providers or children than fit in the main organizer.

## CARE PROVIDER 3

**Provider name**

**Provider EIN / SSN**

**Provider address (street, city, state, ZIP)**

| Child name | Amount paid for this child | Care period / notes |
|---|---|---|
| | | |
| | | |

## CARE PROVIDER 4

**Provider name**

**Provider EIN / SSN**

**Provider address (street, city, state, ZIP)**

| Child name | Amount paid for this child | Care period / notes |
|---|---|---|
| | | |
| | | |

For more providers or children, attach a separate statement using the same details.