

**Statement of Payments Report**

Specific Date Range Needed: \_\_\_\_\_  
(ie: January 2018 – June 2018)

Date \_\_\_\_\_ Needed for:  FSA / Dependent Care  Taxes

Parent Name on Invoice \_\_\_\_\_  
First Last

Student(s) \_\_\_\_\_  
First Last

Daytime contact phone \_\_\_\_\_

Program(s) in 2018: Full-Day Pre-K Half-Day 3's Pre-K PLUS School Day Pre-K Parent/Child Kids' Club Club Mid  
Full-Day Pre-K Summer Camp Summer Kids' Club

Please check:  Mail  Email \_\_\_\_\_