

Monthly accounts

Month:											
Monthly income		Monthly expenditure									
Child's name	Payment	Week beginning	Food and Drink	Heat and Lights	Rent / Rates	Outings	Toys and equipment	Wear and tear	Motor expenses	Misc /Social Security	Total
Total income		Total expenditure									

Weekly attendance and record of payment

Child's name: _____

Month: _____

Week beginning															
	AM	PM	Total	AM	PM	Total	AM	PM	Total	AM	PM	Total	AM	PM	Total
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															

Total hours per week □ □ □ □ □

Fees paid □ □ □ □ □

Parent's signature □ □ □ □ □

FCC's signature □ □ □ □ □

Statement of accounts

Annual summary statement of accounts between the dates
of _____ and _____

Total income

Total expenses

Net profit for the year

Signed _____

Dated _____