



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dependent Care Receipt

YMCA of Central & Northern Westchester

106 Titicus Rd.
North Salem, NY 10560
(914) 276-2398

Child's Name: _____ D.O.B: _____
YMCA Program: _____ SS#: _____

The YMCA has received from _____
(PARENT NAME)

payment for dependent care services for the period _____ to _____
in the amount of \$ _____.

Bonnie Fogarty
Executive Director, Community Branch
YMCA of Central & Northern Westchester
Tax ID# 13-174 0518