

EYC Assessments Completion Report / Statement

Assessor: _____ Date submitted: _____

Address: _____ City: _____ Zip: _____

Date	Program	Teacher	Assessment	Amount
Total:				

Return to: The Family Connection, 132 N. Lafayette Blvd, South Bend IN 46601 (or fax: 237-1071). Received statements will be paid in the first week of each month.

(For office use only)

Amount paid: _____ Check #: _____ Date: _____