M&GREGOR & ASSOCIATES
Employee Benefits Administrators and Consultants

To Whom It May Concern:

This is to certify that _____ leaves his/her child(ren),
(Name of Employee)

_____ in my/our care while
(Name of Child)

at work. The fee for this service is $ _____ per _____.

_____
Signature

_____
Business Name or Private Sitters Name

_____
Social Security Number or Tax EIN #

_____
Date

997 Governors Lane
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