City of Bridgeport
Department of Health Social Services
LIGHTHOUSE PROGRAM

2016-17 - ***AFTER-SCHOOL TUITION PAYMENTS ONLY***
Cash Receipt Journal

Prepared By: ______________

School Name: ______________________ *** *NO PERSONAL CHECK* *** Today's Date: ______________

Parent Name	Student Name	Date Rec'd	Amount $	Form of Payment			Receipt Number
				Cash	Money Order	Care 4 Kids	
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FOR SCHOOL USE ONLY
(please make a copy for your records and submit original with payments)