

Date Received

For office use only

[Agency Name from Setup Here..]

April

Must Be Received by: 5/3/2018

Mail To:

123 Main Street Suite M-123 abcdefg
Toontown CA 99999-1234
(999) 999-9999

Parent: Deetz, Lydia	Child: Deetz, Argentina	Age: 3.41	Child ID: 30203
Provider: AINOAMA FAAMASINO	Address: 1761 W. 9TH ST. SAN BERNARDINO CA 92411-1		Phone:
Program: C2AP- STAGE 2	Specialist: Noho Administrator		Family ID: 17021
Provider APID:	Provider Type: EXEMPT NON-REL. (OUTSIDE CHILD'S HC		Provider ID: 9106

	SUN	MON	TUES	WED	THU	FRI	SAT
Regular Schedule	No Enrollment	08:00A - 12:30A	08:00A - 12:30A	No Enrollment	08:00A - 12:30A	08:00A - 12:30A	No Enrollment
Vacation Schedule	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment

PARENTS WRITE IN THIS COLUMN ONLY		PROVIDER MUST INITIAL IF CHILD HAS A SPLIT SCHEDULE				PARENTS WRITE IN THESE COLUMNS ONLY		OFFICE USE
DAY OF MONTH	TIME IN	TIME OUT	PROVIDER INITIALS	TIME IN	PROVIDER INITIALS	TIME OUT	ABSENCE REASON	TOTAL HOURS
1								
2	8:01	8:15		3:15		6:01		
3	8:02	8:15		3:15		5:59		
4								
5	8:04	8:15		3:15		5:57		
6	8:06	8:15		3:15		5:55		
7								
8								
9	7:59					5:59	Child had Flu	
10							Provider Closed/ Holiday	
11								
12	8:00					6:00		
13	8:01					6:01		
14								
15								
16	8:03					5:58		
17	8:06					5:55		
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								

SAMPLE

OFFICE USE ONLY				
TOTAL HOURS OF CARE	_____	x	HOURLY PAY	\$ _____ = \$ _____
TOTAL DAYS OF CARE	_____	x	DAILY PAY	\$ _____ = \$ _____
TOTAL WEEKS OF CARE	_____	x	WEEKLY PAY	\$ _____ = \$ _____
TOTAL MONTHS OF CARE	_____	x	MONTHLY PAY	\$ _____ = \$ _____

COUNSELOR

I verify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Child ID 30203 Provider ID 9106

Provider's Signature _____
SIGNATURE OF PROVIDER

Parent's Signature _____
SIGNATURE OF PARENT

