

SAMPLE ATTENDANCE SHEET



Provider:

Month/Year:		Program:	
Child Name:			
Child DOB:			
Parent Name:			
Specialist:			
Specialist Phone:			

ATTENDANCE MUST BE COMPLETED DAILY

Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comments	Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comments
May 1	Mon						May 17	Wed					
May 2	Tue						May 18	Thu					
May 3	Wed						May 19	Fri					
May 4	Thu						May 20	Sat					
May 5	Fri						May 21	Sun					
May 6	Sat						May 22	Mon					
May 7	Sun						May 23	Tue					
May 8	Mon						May 24	Wed					
May 9	Tue						May 25	Thu					
May 10	Wed						May 26	Fri					
May 11	Thu						May 27	Sat					
May 12	Fri						May 28	Sun					
May 13	Sat						May 29	Mon					
May 14	Sun						May 30	Tue					
May 15	Mon						May 31	Wed					
May 16	Tue												

FAMILY FEE CERTIFICATION & RECEIPT	FULL TIME FEE:
<i>(Please Check One Box)</i>	
<input type="checkbox"/> All Family Fees have been paid.	Amount Collected: \$ _____ Provider Initial: _____
<input type="checkbox"/> Family Fees have not been paid and I do not have a payment plan in place.	Outstanding Balance : \$ _____ Provider Initial: _____
<input type="checkbox"/> A Payment Plan is in place between the parent and the provider.	Amount Collected: \$ _____ Provider Initial: _____

PARENT Self-Certification	PROVIDER Self-Certification
As a parent, I declare under penalty of perjury that the information above is an accurate record of child care provided and that during this time period I was employed, or attending training/school, or other qualifying activity.	As the provider, I declare under penalty of perjury that the information above is true and correct, and that the child care as stated above was provided. I understand that I may be required to repay any overpayment.
Parent/Guardian Signature: _____	Provider Signature: _____
Date: _____	Date: _____