

RETURN BY THE 4TH OF EACH MONTH TO:

Delaware Opportunities Inc (Attn: Day Care)
 35430 State Highway 10, Hamden, NY 13782
 Email: Daycare@delop.org Fax: 607-746-1648

Day Care Provider's Name:

Month/Year:

Parent's Name:

Child's Full Name:

CHILD CARE TIME AND ATTENDANCE SHEET

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1: Date							
Time In							
Time Out							
Time In							
Time Out							
Week 2: Date							
Time In							
Time Out							
Time In							
Time Out							
Week 3: Date							
Time In							
Time Out							
Time In							
Time Out							
Week 4: Date							
Time In							
Time Out							
Time In							
Time Out							
Week 5: Date							
Time In							
Time Out							
Time In							
Time Out							
Week 6: Date							
Time In							
Time Out							
Time In							
Time Out							

I declare under penalty of perjury that the above information is true and accurate and that child care was provided for the sole purpose for which this child was certified. I understand that I may be required to repay an over-payment resulting from a false or incorrect claim, and that I may be prosecuted for fraud. As a provider, I further authorize the deduction for all Family Share Fees from any amount otherwise owed me. Should there be a discrepancy between the amount due and the amount collected, my signature authorizes full deduction of the difference.

Signature of Provider

Date

Signature of Parent/Legal Guardian

Date