**CHILD CARE ATTENDANCE SHEET**

**MONTH AND YEAR CARE WAS PROVIDED**

<table>
<thead>
<tr>
<th>Child's Full Name:</th>
<th>Case #</th>
</tr>
</thead>
</table>

**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 correct 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 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: ________

Parent/ Legal Guardian Signature: __________________________ Date: ________

**REASON FOR ABSENCE:** SICK — DR/HEALTH APPT. — FAMILY EMERGENCY (CIRCLE ONE)