

SAMPLE



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MAILING ADDRESS: P.O. Box 9050 Costa Mesa CA 92628-9050 Family Support Services

TELEPHONE NUMBER: (714) 708-3860 FAX NUMBER: (714) 708-2916

AUGUST 2021 ATTENDANCE SHEET

Vendor Number: V9405613	Address Code: PD	Child's Name: Bea Bumble	Child ID: 12345
Provider: Baby Love Child Care	Provider ID: 101	Child's DOB: 4/3/21	
Address: 123 Lulaby Lane		Parent's Name: Beatrice Bumble	Fam ID: 5432
Costa Mesa CA 92677-5016	Provider Phone: (714) 222-3333	Pseudo Code: FAPP	
Care Type: Licensed Home Care			

DATE	DAY	ACTUAL TIME IN	PROVIDER		ACTUAL TIME OUT	REASON FOR ABSENCE	AGENCY USE
			TIME OUT	TIME IN			
1	Sun						
2	Mon						
3	Tue						
4	Wed						
5	Thu						
6	Fri						
7	Sat						
8	Sun						
9	Mon						
10	Tue						
11	Wed						
12	Thu						
13	Fri						
14	Sat						
15	Sun						
16	Mon						
17	Tue						
18	Wed						
19	Thu						
20	Fri						
21	Sat						
22	Sun						
23	Mon						
24	Tue						
25	Wed						
26	Thu						
27	Fri						
28	Sat						
29	Sun						
30	Mon						
31	Tue						

Parent is responsible to ensure information is correct & accurate. Failure to complete attendance sheet correctly can result in dis-enrollment from program.

THIS COLUMN Parent to enter exact time to the minute that the child is dropped off at child care. No blocking of time.

TWO COLUMNS Provider is to complete. Used for school age children. TIME OUT is start of school. TIME IN is end of school. Times should be the bell schedule of school.

THIS COLUMN Parent to enter exact time to the minute that the child is picked up from child care. No blocking of time.

THIS COLUMN If child is not in care, write specific reason for absence, i.e. child sick, mom sick, provider holiday, family vacation.

PROVIDER USE ONLY: INVOICE FOR THIS CHILD

AMOUNT:	
OTHER FEES IF APPLICABLE:	
TOTAL AMOUNT:	

Provider can enter invoiced amount

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 OCDE IS REQUIRED TO RECOVER CHILD CARE COST FROM EITHER THE PARENT OR PROVIDER WHO KNOWINGLY SUBMIT INCORRECT, INACCURATE OR MISLEADING INFORMATION FOR CHILD CARE SERVICES. SUBMISSION OF INCORRECT, INACCURATE, OR MISLEADING INFORMATION MAY BE GROUNDS FOR TERMINATION OF AGREEMENT WITH PARENT AND/OR PROVIDER.

Parent must sign & date

Provider must sign & date

Parent Signature	Date	Provider Signature	Date
AGENCY OFFICE USE ONLY			
PAYMENT			
OTHER FEES			
TOTAL PAID			
TECH	DATE		