



# CHILD CARE ATTENDANCE RECORD



Child Care Service Provider: \_\_\_\_\_ Period of service: \_\_\_\_\_

Participant: \_\_\_\_\_ Child: \_\_\_\_\_

**Instructions: Complete the form in INK. Do NOT use whiteout. The entire form must be complete, including signatures, before a payment is issued.**

Date	Time Arrived	Time Departed	Total hours	Total charge
1				
2				
3				
4				
5				
6				
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30				
31				

*I certify that the information recorded on this attendance record is correct to the best of my knowledge. I understand that any false statements on my part, including the filing of erroneous claims, may result in prosecution for fraud.*

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_