



Child Attendance Sheet
 6601 Owens Drive, Suite 100
 Pleasanton, CA 94588
 925-417-8733

Office Use Only	Date Received: _____
Returned to: _____	
<input type="checkbox"/> Licensed <input type="checkbox"/> Exempt	

Provider's Last Name and First Name

Attendance Sheet Instructions (NO Faxes or Copies) (Please complete form in ink) (Only one form per child)
 1. Sign child in and out of care daily (Parent full signature). Please write **AM** or **PM** next to times in and out of care daily.
 2. Indicate reason for absence from care or from school and sign each day absent. (See back of sheet for explanation of absence and payment)
 3. Fill form out completely. Include child's name, all provider/parent information, month/year of care, and all appropriate signatures.

PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING

Provider's Name _____
 Address _____
 City _____ State CA Zip _____

Month _____ Year _____
 Child's Name _____
 Provider Phone # _____ Provider ID _____

Office Use <input type="checkbox"/> Alternate PV:	<input type="checkbox"/> Family Fee <input type="checkbox"/> Flex /	Office Use
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Parent to complete this section			Provider to fill out this section for school age care				Parent to complete this section			Office Use
Day	Time In to care AM or PM	Parent's full signature for time into care	Time Out to school AM or PM	Provider Initials	Time In from school AM or PM	Provider Initials	Time Out of care AM or PM	Parent's full signature for time out of care <u>or</u> parent's full signature for absence	Reason for absence from care or from school	
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Office Use Only _____ Rate Adjustment

_____ @\$ _____ Per _____ /RC

_____ @\$ _____ Per _____ /RC

_____ @\$ _____ Per _____ /RC

_____ @\$ _____ Per _____ /RC

_____ @\$ _____ Per _____ /RC

_____ @\$ _____ Per _____ /RC

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We the provider and parent declare under penalty of perjury that the above is true and correct.

Provider Signature _____

Participant Signature _____ Family ID _____

Participant Name (Please Print) _____

Office use, Date Vouched: _____

*******PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING*******

Please record the reason that your child was absent daily. Be specific about the illness of your child. An unexplained absence is considered to be an unexcused absence. UNEXCUSED ABSENCES WILL NOT BE PAID BY CHILD CARE LINKS. Excused absences will only be paid to licensed providers.

Examples: Flu, fever, virus, etc.

Examples of reasons for absence:

1. Illness of the child.
2. Illness of the parent.
3. Quarantine.
4. Family emergency requiring the parent, and therefore the child, to travel away from home.
5. Time spent away from home with a parent or other relative that has been required by a court of law/or is in the best interest of the child.
6. Excused absences are limited to 10 days per month.

ALL CHILD CARE LINKS CARE PAYMENTS ARE SUBJECT TO ADEQUATE FUNDING FROM PROGRAM SOURCES. PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING.

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