



Use standard time (not military).  
Use permanent ink, no white out.  
If you make a mistake, cross it out neatly and initial.  
**FOR RECORD KEEPING PURPOSES ONLY.**

## Generic Attendance Record

You have applied for child care and development services. If you are approved, the following information is required. Completion of this form does **not** guarantee reimbursement until you receive written notification. This is for record-keeping purposes **only**. In order for this to be a reimbursable record, all applicable sections below must be completed.

Provider Name: \_\_\_\_\_

Month: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

	PARENTS* ONLY		PROVIDER ONLY				PARENTS* ONLY	
Day of Month	Time In	Full Parent* Signature	Time Out	Provider Initials	Time In	Provider Initials	Time Out	Full Parent* Signature
1								
2								
3								
4								
5								
6								
7								
8								
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26								
27								
28								
29								
30								
31								

*\*A parent or other previously authorized adult must indicate exact time and sign in/out daily.*

By signing, I certify under penalty of perjury that the information indicated on this attendance record is true and accurate.  
The information was recorded daily.

Provider Signature

Date

Parent Signature

Date

(Cannot be signed before the last day of child care for this month is over.)

Attendance web form



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Please enter the reason for absences below / *Indique la razon por la ausencia aqui:*

Date/Fecha	Reason for absence or early pick up (i.e. early release from school)/ Razon de la ausencia o recogida temprano (ejemplo: escuela cerro temprano)	Parent's Full Signature/ Firma Complete del Padre

- All absences must be indicated.  
Todas ausencias deben ser indicadas.

**\*Specialist:** Please transfer this information to the Pathways generated AS if services are approved.

Attendance web form