

Date Received
For office use only

Attendance Log
Choices For Children
111 North Market Street, Suite 700
San Jose, CA 95113
(408) 297-3295

Date Paid
For office use only

MONTH _____ YEAR _____
 CHILD'S BIRTHDAY _____

CHILD'S NAME _____
 PARENT'S NAME _____

1. FILL OUT ONE FORM PER CHILD.
2. THE PARENT MUST RECORD **REAL TIME IN AND/OR TIME OUT ON A DAILY BASIS.**
3. INDICATE ABSENCE AND REASON FOR ABSENCE ON TIME-IN LINE FOR THAT DATE.
4. PROVIDER IS RESPONSIBLE FOR SUBMITTING ATTENDANCE LOG(S) TO THE SUBSIDY OFFICE BY 5:00 p.m. ON THE 5TH DAY OF THE MONTH FOLLOWING SERVICE (EXAMPLE: APRIL ATTENDANCE LOG IS TO BE TURNED IN BY MAY 5).
5. **DO NOT USE WHITE OUT AND/OR HIGHLIGHTING ON ATTENDANCE LOG(S).**

MAKE CHECK NAME: _____ PHONE _____
PAYABLE TO: ADDRESS: _____
 CITY, STATE, ZIP: _____

DAY OF MONTH	PARENT TIME IN THIS COLUMN ONLY		PROVIDER MUST TIME IN & OUT IF CHILD HAS A SPLIT SCHEDULE		PARENT TIME OUT THIS COLUMN ONLY		OFFICE USE
	PARENT TIME IN		PROVIDER TIME OUT	PROVIDER TIME IN	PARENT TIME OUT	ABSENCE REASON	TOTAL HOURS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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18							
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21							
22							
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25							
26							
27							
28							
29							
30							
31							

OFFICE USE ONLY	BROADLY:	<input type="checkbox"/> CONSISTENT	<input type="checkbox"/> INCONSISTENT
TOTAL HOURS OF CARE _____	X HOURLY PAY \$ _____ = \$ _____		
TOTAL DAY OF CARE _____	X DAILY PAY \$ _____ = \$ _____		
TOTAL WEEKS OF CARE _____	X WEEKLY PAY \$ _____ = \$ _____		
TOTAL MONTHS OF CARE _____	X MONTHLY PAY \$ _____ = \$ _____		

Counselor

I DECLARE UNDER PENALTY OF PERJURY THIS IS A TRUE AND ACCURATE LOG OF ATTENDANCE FOR THIS CHILD FOR THE MONTH INDICATED. THIS IS THE SAME RATE CHARGED TO NON-SUBSIDIZED FAMILIES.

SIGNATURE OF PROVIDER

I CERTIFY THE ACCURACY OF THE HOURS IN THIS ATTENDANCE LOG.

SIGNATURE OF PARENT