

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
PAYABLE TO:

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

PHONE _____

	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
DAY OF MONTH	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								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

OFFICE USE ONLY

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	\$	_____	=	\$	_____

BROADLY:

☐ **CONSISTENT**

☐ **INCONSISTENT**

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