Attendance Sheet

Contra Costa Child Care Council
1035 Detroit Avenue, Suite 200
Concord, CA 94518
(925) 676-5442

Child Id#_____

For Office Use Only Date Received

FULL LEGAL NAME OF CHILD:_____ AGE:_____
FULL NAME OF PARENT: _____
CITY OF PARENTS RESIDENCE:_____MONTH/YEAR:_____
PROVIDER:_____PROVIDER ID: _____

	PARENT	PROVIDER –FOR SCHOOL AGE PARENT- FOR SPLIT SCHEDULE		PARENT	ABSENCE	OFFICE USE ONLY	
DAY OF MONTH	TIME IN AM/PM	TIME OUT	TIME IN	TIME OUT AM/PM	REASON	PT	FT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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14							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
					TOTALS:		

I. Attendance Sheet Policies and Procedures

Reimbursement will not be released until a correct and completed Attendance Sheet is received.

1. Fill out one Attendance Sheet per child (**no copies or faxes are accepted**).
2. Parents must fill in the time in and the time out daily with actual times (**no rounding off**).
3. If a child is absent please write the reason in the box provided (**for example flu, cold, etc.**).
4. The Provider must indicate below in the Provider Acknowledgement section the total amount of Family Fees that were collected for the month of care.
    - The Family Fee is paid directly to the provider
5. Providers: Please remember to contact your local Child Care Council Office when a child has been absent for three or more consecutive days.
6. The Parent is financially liable for any **unauthorized** use of care.
7. Both the parent and provider must sign the acknowledgement below in order for payment to be processed.
8. Reimbursement will be made as follows:
    - Attendance Sheets received by the 5th of the month will be processed and paid on the 20th of the month.
    - Attendance Sheets received after the 5th of the month will be processed and paid on the 20th of the following month.
    - With an exception for the month of June, the end of the Fiscal year, when all Attendance Sheets need to be submitted by July 15th.
    - Attendance Sheet received later than 30 days after the month of services rendered may not be reimbursable.

II. Parent Acknowledgement

I affirm under penalty of perjury that this Attendance Sheet is true and correct and the Family Fee, if applicable, has been paid for this month of care.

Parent Signature: _____ Date: _____

Phone:_____ Email:_____

III. Provider Acknowledgement

1. I certify that the days of enrollment reported are correct and that a Family Fee of $ has been collected by me, the provider.
2. I understand that I am an Independent Contractor and I am not an employee of the Contra Costa Child Care Council and I affirm under penalty of perjury that this Attendance Sheet is true and correct.

Provider Signature: _____Date: _____

Phone: _____ Email:_____

FOR OFFICE USE ONLY P/T Monthly Fee= _____ Part Time Rate _____

Family Fee Calculation: F/T Monthly Fee= _____ Full Time Rate _____

TOTAL FAMILY FEE: _____

Due this month: _____ _____

Minus Family Fee: _____ _____

Minus Garnishment: _____ _____

Total Due: _____ **Analyst Initials:** _____