DAILY ATTENDANCE FORM

CHILD'S NAME: _____

PARENT'S NAME: _____ PROVIDER'S NAME: _____

MONTH OF CARE: _____ **YEAR:** _____

DATE	*TIME IN*	*TIME OUT*	*TIME IN*	*TIME OUT*	TOTAL	EXPECTED

COMMENTS:

_____

Total Hours: _____

I attest under penalty of perjury, that the days and hours of child care used are an accurate representation of authorized child care and there were no changes this month to report to the Child Care Payment Program.

PARENT SIGNATURE: _____

PROVIDER SIGNATURE: _____