Chila (<u> Lare IIM</u>	<u>le Sneet</u>	Provider Typ	e: Ven	dor #:	Month & Yea	ar:
Parent's N	ame:	:		Child's Name: _			
Child Care Provider:				Child's Age:		DOB:	
· 	<u>Date</u>	<u>Time In</u>	<u>Time Out</u>		<u>Time Out</u>	Total Hrs	<u>Comments</u>
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Saturday							
Sunday							

I have reviewed the time and attendance and attest to its accuracy. I swear and/or affirm under the penalties of perjury that the information to be give to the social service district is correct.

Child Care	Provider's	Signature	and	date
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Parent's Signature and date

*Monthly Attendance must be submitted by the 4th of the following month.

Child Care Time Sheet

^{*}Sheets must be signed by both provider and parent.

^{*} Attendance will be paid up to 30 days after the month that care is provided.

^{*}If the child is absent please write absent in the comment section for that day.