

**DSS Use Only**

Provider Type: \_\_\_\_\_  
 I.D. Number: \_\_\_\_\_  
 Recd: \_\_\_\_\_

- \* Monthly attendance must be submitted by the 4th of the month.
- \* Attendance sheets must have the child care provider and parent's original signature.
- \* Attendance sheets will be paid up to 30 days following the last day of the month in which care was provided.
- \* If the child is absent please write the letter "A " on the appropriate day

**MONTHLY CHILD CARE ATTENDANCE FOR MONTH/YEAR \_\_\_\_\_**

Parent's Name \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_

Child Care Provider \_\_\_\_\_ DOB \_\_\_\_\_

**THIS FORM IS TO BE COMPLETED BY THE PROVIDER AND APPROVED BY THE PARENT**

Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.      Sun.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Amt. Parent		
<i>Week 1 Date</i>										
Hours: In:								Charge	Fee	Bal.
Out:										
Prov. Charge										
<b>DSS Reim.</b>										
<i>Week 2 Date</i>										
Hours: In:								Charge	Fee	Bal.
Out:										
Prov. Charge										
<b>DSS Reim.</b>										
<i>Week 3 Date</i>										
Hours: In:								Charge	Fee	Bal.
Out:										
Prov. Charge										
<b>DSS Reim.</b>										
<i>Week 4 Date</i>										
Hours: In:								Charge	Fee	Bal.
Out:										
Prov. Charge										
<b>DSS Reim.</b>										
<i>Week 5 Date</i>										
Hours: In:								Charge	Fee	Bal.
Out:										
Prov. Charge										
<b>DSS Reim.</b>										

Monthly Balance Due: \_\_\_\_\_

The above record is an accurate accounting of the child care provided and amounts paid/collected for the child listed.

\_\_\_\_\_  
 Child Care Provider's Signature

\_\_\_\_\_  
 Parent's Signature

(Revised 12/8/2021)