



# Child Attendance Sheet

## Child Care Links

6601 Owens Drive, Suite 100

Pleasanton, CA 94588

925-417-8733

<p align="center"><b>Office Use Only</b></p> <p>Returned to: _____</p> <p><input type="checkbox"/> Licensed    <input type="checkbox"/> Exempt</p>	<p>Date Received: _____</p>
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Provider's Name

**Attendance Sheet Instructions (NO Faxes or Copies) (Please complete form in ink)**

1. Fill out **ONLY** one form per child for each month of care.
2. Sign child in and out of care daily (Parent full signature). Please write **AM** or **PM** next to times in and out of care daily.
3. Indicate reason for absence from care or from school and sign each day absent. (See back of sheet for explanation of absence and payment)
4. Fill form out completely. Include child's name, all provider/parent information, month/year of care, and all appropriate signatures.

Provider's Name \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_

Child's Name \_\_\_\_\_

City \_\_\_\_\_ State **CA** Zip \_\_\_\_\_

Provider Phone # \_\_\_\_\_ Provider ID \_\_\_\_\_

<b>Office Use</b> <input type="checkbox"/> Alternate PV:	<input type="checkbox"/> Family Fee <input type="checkbox"/> Flex    /	<b>Office Use</b>
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Parent to complete this section			Provider to fill out this section for school age care				Parent to complete this section			Office Use
Day	Time In to care <b>AM</b> or <b>PM</b>	Parent's full signature for time into care	Time Out to school <b>AM</b> or <b>PM</b>	Provider Initials	Time In from school <b>AM</b> or <b>PM</b>	Provider Initials	Time Out of care <b>AM</b> or <b>PM</b>	Parent's full signature for time out of care <u>or</u> parent's full signature for absence	Reason for absence from care or from school	
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**Office Use Only**    \_\_\_\_\_ Rate Adjustment

\_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC

\_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC

\_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC

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\_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC

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We the provider and parent declare under penalty of perjury that the above is true and correct.

Provider Signature \_\_\_\_\_

Participant Signature \_\_\_\_\_    Family ID \_\_\_\_\_

Participant Name (Please Print) \_\_\_\_\_

Office use, Date Vouched: \_\_\_\_\_

**\*\*\*\*\*PLEASE ALLOW 15 DAYS FOR PROCESSING\*\*\*\*\***

Please record the reason that your child was absent daily. Be specific about the illness of your child. An unexplained absence is considered to be an unexcused absence. UNEXCUSED ABSENCES WILL NOT BE PAID BY CHILD CARE LINKS. Excused absences will only be paid to licensed providers.

Examples: Flu, fever, virus, etc.

Examples of reasons for absence:

1. Illness of the child.
2. Illness of the parent.
3. Quarantine.
4. Family emergency requiring the parent, and therefore the child, to travel away from home.
5. Time spent away from home with a parent or other relative that has been required by a court of law/or is in the best interest of the child.
6. Excused absences are limited to 10 days per month.

**ALL CHILD CARE LINKS CARE PAYMENTS ARE SUBJECT TO ADEQUATE FUNDING FROM PROGRAM SOURCES. PLEASE ALLOW 15 DAYS FOR PROCESSING.**

Office Use Only