# **Attendance Record**

You have applied for child care and development services. If you are approved, the following information is required. Completion of this form does **not** guarantee reimbursment until you receive written notification. This is for record-keeping purposes **only**. In order for this to be a reimbursable record, all applicable sections below must be completed.

Provider Name: Month:

Parent Name: Child Name:

Child's Birthdate:

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|  | **PARENTS\* ONLY** | | **PROVIDER ONLY** | | | | **PARENTS\* ONLY** | |
| **Day of Month** | **Time In** | **Full Parent\* Signature** | **Time Out** | **Provider Initials** | **Time In** | **Provider Initials** | **Time Out** | **Full Parent\* Signature** |
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*\*A parent or other previously authorized adult must indicate exact time and sign in/out daily.*

# By signing, I certify under penalty of perjury that the information indicated on this attendance record is true and accurate. The information was recorded daily.

Provider Signature Date Parent Signature Date

Please enter the reason for absences below / *Indique la razon por la ausencia aqui:*

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| --- | --- | --- |
| Date/*Fecha* | Reason for absence or early pick up (i.e. early release from school)/  *Razon de la ausencia o recogida temprano (ejemplo: escuela cerro temprano)* | Parent's Full Signature/  *Firma Complete del Padre* |
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