The Resource Connection

Engaging Families ▪ Empowering Communities ▪ Enriching Lives

8085 Highway 26, Suite G, Mokelumne Hill, CA 95245 - (877) 944 - 9911

Initial: _____

Review: _____

Final: _____

FOSTER BRIDGE PROGRAM
CHILD CARE ATTENDANCE FORM

PRINT PROVIDER'S FULL NAME	PRINT CHILD'S FULL NAME
PROVIDER'S MAILING ADDRES	PRINT GUARDIAN'S FULL NMAE
	GUARDIAN MAILING ADDRESS
PROVIDER'S PHONE NUMBER	GUARDIAN'S PHONE NUMBER / FOR MONTH/YEAR
PROVIDER'S EMAIL ADDRESS	GUARDIANS EMAIL ADDRESS

DATE	ACTUAL TIME IN	SPLIT SCHEDULE OUT	SPLIT SCHEDULE IN	ACTUAL TIME OUT	ABSENCE CODE PC/NC/A	HOURS USED	OFFICE USE ONLY	
1	AM PM	AM PM	AM PM	AM PM				1
2	AM PM	AM PM	AM PM	AM PM				2
3	AM PM	AM PM	AM PM	AM PM				3
4	AM PM	AM PM	AM PM	AM PM				4
5	AM PM	AM PM	AM PM	AM PM				5
6	AM PM	AM PM	AM PM	AM PM				6
7	AM PM	AM PM	AM PM	AM PM				7
8	AM PM	AM PM	AM PM	AM PM				8
9	AM PM	AM PM	AM PM	AM PM				9
10	AM PM	AM PM	AM PM	AM PM				10
11	AM PM	AM PM	AM PM	AM PM				11
12	AM PM	AM PM	AM PM	AM PM				12
13	AM PM	AM PM	AM PM	AM PM				13
14	AM PM	AM PM	AM PM	AM PM				14
15	AM PM	AM PM	AM PM	AM PM				15
16	AM PM	AM PM	AM PM	AM PM				16
17	AM PM	AM PM	AM PM	AM PM				17
18	AM PM	AM PM	AM PM	AM PM				18
19	AM PM	AM PM	AM PM	AM PM				19
20	AM PM	AM PM	AM PM	AM PM				20
21	AM PM	AM PM	AM PM	AM PM				21
22	AM PM	AM PM	AM PM	AM PM				22
23	AM PM	AM PM	AM PM	AM PM				23
24	AM PM	AM PM	AM PM	AM PM				24
25	AM PM	AM PM	AM PM	AM PM				25
26	AM PM	AM PM	AM PM	AM PM				26
27	AM PM	AM PM	AM PM	AM PM				27
28	AM PM	AM PM	AM PM	AM PM				28
29	AM PM	AM PM	AM PM	AM PM				29
30	AM PM	AM PM	AM PM	AM PM				30
31	AM PM	AM PM	AM PM	AM PM				31
						TOTAL:		

I. Attendance Form Policies and Procedures

Reimbursement may not be released until a correct and completed Attendance Form is received.

1. Fill out one Attendance Form per child.
2. Parents must fill the time in and the time out daily with exact actual times (**no rounding off**).
3. **OTHER REASON CODES** - Each day the child does not use care as scheduled, enter one of the codes listed below in the "Code Column" box on the calendar side.

PC	Paid Closure Day	Provider was closed or unavailable to provide care for all or part of a schedule day of care. Providers are limited to 10 paid closure days per fiscal year (July 1st – June 30th) – Licensed Providers
NC	Non-Paid Closure Day	Provider was closed or unavailable to provide care for all or part of a schedule day of care and provider does not want to be paid for closure day.
A	Absent	Illness of child, parent/guardian, or sibling, appointment of child, or parent/guardian (doctor, dentist, mental health, social services, welfare, education, special education services, counseling or therapy), court ordered visitation for time spent with a parent or relative, family emergency for unplanned situations (court appearance, death, accident, hospitalization of a family member, no transportation).
	Excessive absences or abandonment of care (no show or contact) may be cause for a family to be disenrolled from the program.	

4. Providers: Please remember to contact The Resource Connection when a child has been absent for seven (7) or more consecutive days.
5. The parent is financially liable for any unauthorized use of care.
6. Both the parent and provider must sign the acknowledgement below at the end of the month.
7. Reimbursement will be made as follows:
   - Attendance Forms received by the 5th of the month will be processed at the end of the month.
   - Attendance Forms received after the 5th of the month will be processed and paid on the 20th of the following month. With the exception for the month of June, the end of the fiscal year, when all Attendance Forms must be submitted by July 5th.

II. Parent Acknowledgement

I affirm under penalty of perjury that this Attendance Form is true and correct.

Parent Signature: _____ Date: _____

III. Provider Acknowledgement

1. I certify that the days of enrollment reported are correct.
2. I understand that I am an Independent Contractor and I am not an employee of The Resource Connection and I affirm under penalty of perjury that this Attendance Form is true and correct.
3. I understand that family fees are due by the 1st of the month for which the child care fees are assessed.

Provider Signature: _____ Date: _____

Deliver completed forms before due date to:

Mailing:

The Resource Connection

8085 Highway 26, Suite G, Mokelumne Hill CA 95245

or **Drop Box locations:**

- 8085 Highway 26, Suite G, Mokelumne Hill
- 444 East Saint Charles St., San Andreas
- 10877 Conductor Blvd, Sutter Creek

or **FAX or email** (legible images front and back of each sheet - keep originals for your records):

- FAX: 209 - 754 - 4244   email: **rrinfo@trcac.org**

PROVIDER BILLING:			
	# of units	x Rate	Total
HOURS			
DAYS			
WEEKS			
MONTH			
PROVIDER'S FEE BILLED			$
REGISTRATION FEE BILLED			$
FAMILY FEE COLLECTED			$ - < >
TOTAL AMOUNT BILLED			$