

The Resource Connection

Engaging Families - Empowering Communities - Enriching Lives

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

GRANDPARENT RESPITE PROGRAM CHILD CARE ATTENDANCE/CLAIM SHEET (do not use for other programs)

Initial: _____

Review: _____

Final: _____

PRINT PROVIDER'S FULL NAME	PRINT CHILD'S FULL NAME
PROVIDER'S MAILING ADDRESS	PRINT PARENT'S FULL NAME
	PARENT'S MAILING ADDRESS
PROVIDER'S PHONE NUMBER	PARENT'S PHONE NUMBER FOR MONTH/YEAR
PROVIDER'S EMAIL ADDRESS	PARENT'S EMAIL ADDRESS

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

(stamp date received above)

YOU MUST SIGN AND DATE THIS SECTION OF THE ATTENDANCE FORM ON OR AFTER THE LAST DAY OF CARE PROVIDED DURING THE MONTH OR IT WILL BE CONSIDERED INCOMPLETE. A FULL SIGNATURE IS REQUIRED.

I (the parent/provider) declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in the attendance form are true, correct and complete for the entire month and that the provider named in this form provided the child care.

_____ Date
 Provider Signature

_____ Date
 Parent Signature

PAYMENT REQUESTED			OFFICE USE ONLY
# UNITS	X RATE	= TOTAL	PAYMENT ISSUED
HOURS			
DAYS			
REGISTRATION FEES			
TOTAL \$\$ DUE			

Subsidy Coordinator Initials

GRANDPARENT RESPITE ONLY

DO NOT USE FOR OTHER PROGRAMS