

Choices for Children



Child Development Incorporated

Attendance Log

20 Great Oaks Blvd., Suite 200
San Jose, CA 95119
(408) 297-3295

Date Received
For office use only

Date Paid
For office use only

MONTH _____ YEAR _____
CHILD'S BIRTHDAY _____

CHILD'S NAME _____
PARENT'S NAME _____

1. FILL OUT ONE FORM PER CHILD.
2. THE PARENT MUST RECORD **REAL TIME IN AND/OR TIME OUT ON A DAILY BASIS.**
3. INDICATE ABSENT REASON UNDER **ABSENCE REASON** FOR THAT DATE.
4. PROVIDER IS RESPONSIBLE FOR SUBMITTING ATTENDANCE LOG(S) TO THE SUBSIDY OFFICE BY 5:00 p.m. ON THE 3RD DAY OF THE MONTH FOLLOWING SERVICE (EXAMPLE: APRIL ATTENDANCE LOG IS TO BE TURNED IN BY MAY 3).
5. **DO NOT USE WHITE OUT AND/OR HIGHLIGHTING ON ATTENDANCE LOG(S).**

MAKE CHECK PAYABLE TO: NAME: _____ PHONE _____
ADDRESS: _____
CITY, STATE, ZIP: _____

DAY OF MONTH	PARENT TIME IN THIS COLUMN ONLY	PROVIDER MUST TIME IN & OUT IF CHILD HAS A SPLIT SCHEDULE		PARENT TIME OUT THIS COLUMN ONLY	ABSENCE REASON	OFFICE USE TOTAL HOURS
	PARENT TIME IN	PROVIDER TIME OUT	PROVIDER TIME IN	PARENT TIME OUT		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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25						
26						
27						
28						
29						
30						
31						

OFFICE USE ONLY	BROADLY:	<input type="checkbox"/> CONSISTENT	<input type="checkbox"/> INCONSISTENT
TOTAL HOURS OF CARE _____	X HOURLY PAY \$ _____	= \$ _____	
TOTAL DAY OF CARE _____	X DAILY PAY \$ _____	= \$ _____	
TOTAL WEEKS OF CARE _____	X WEEKLY PAY \$ _____	= \$ _____	
TOTAL MONTHS OF CARE _____	X MONTHLY PAY \$ _____	= \$ _____	

Counselor

I DECLARE UNDER PENALTY OF PERJURY THIS IS A TRUE AND ACCURATE LOG OF ATTENDANCE FOR THIS CHILD FOR THE MONTH INDICATED. THIS IS THE SAME RATE CHARGED TO NON-SUBSIDIZED FAMILIES.

SIGNATURE OF PROVIDER

I CERTIFY THE ACCURACY OF THE HOURS IN THIS ATTENDANCE LOG.

SIGNATURE OF PARENT