



**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 \_\_\_\_\_ CHILD ID# \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ FAMILY ID# \_\_\_\_\_

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 3<sup>RD</sup> 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: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

PHONE \_\_\_\_\_

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						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

**OFFICE USE ONLY**

TOTAL HOURS OF CARE \_\_\_\_\_  
TOTAL DAY OF CARE \_\_\_\_\_  
TOTAL WEEKS OF CARE \_\_\_\_\_  
TOTAL MONTHS OF CARE \_\_\_\_\_

**BROADLY:**

HOURLY PAY \$ \_\_\_\_\_  
 DAILY PAY \$ \_\_\_\_\_  
 WEEKLY PAY \$ \_\_\_\_\_  
 MONTHLY PAY \$ \_\_\_\_\_

**CONSISTENT**

**INCONSISTENT**

= \$ \_\_\_\_\_  
= \$ \_\_\_\_\_  
= \$ \_\_\_\_\_  
= \$ \_\_\_\_\_

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.

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

\_\_\_\_\_  
SIGNATURE OF PROVIDER

\_\_\_\_\_  
SIGNATURE OF PARENT

**\*\*\*COVID-19 Pandemic Provider Statement**

By signing and submitting this attendance record or invoice without the parent's signature, I attest, under the penalty of perjury, that I have made and documented attempts to contact the parent, and the parent is either unavailable or unable to sign this attendance record/invoice due to COVID-19 Pandemic.

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

Date \_\_\_\_\_