



Child Attendance Sheet

Hively

6601 Owens Drive, Suite 100

Pleasanton, CA 94588

925.417.8733

Office Use Only

Returned to: _____

Licensed Exempt

Date Received: _____

SAMPLE

Provider's Name

Attendance Sheet Instructions (NO Faxes or Copies accepted)

1. Fill out **ONE** form per child for each month of care.
2. Sign child **in and out** of child care daily (parent full signature). Please specify **AM** or **PM**.
3. Indicate reason for absence from care or from school and sign (See back of sheet for payemnt explanation).
4. Child Care Attendance Sheets must be filled out accurately and completely will all required times and signatures.

Providers Name Barbara Bailey

Month April Year 2014

Address 555 Main Street

Child's Name Ryan James

City Pleasanton State CA Zip 94888

Provider Phone # 925.555.5555 Provider ID 888

Office Use Alternative PV: Family Fee Flex /

Parent to complete this section			Provider to fill out this section for school age care				Parent to complete this section			Office Use
Day	Time In AM or PM	Parent's full signature	Time In AM or PM	Provider Initials	Time Out AM or PM	Provider Initials	Time Out AM or PM	Parent's full signature for time out of care or parent's full signature for absence	Reason for absence from care or from school	Total Hours
1	6:54 AM	Susan James					6:05pm	Susan James		
2										
3										
4	7:02am	Susan James					5:53pm	Susan James		
5	6:47am	Susan James					6:07pm	Susan James		
6	6:53am	Susan James					5:49pm	Susan James		
7	7:01am	Susan James					5:57pm	Susan James		
8	6:54am	Susan James					6:04pm	Susan James		
9										
10										
11	7am	Susan James					6:14pm	Susan James		
12	6:57am	Susan James					5:55pm	Susan James		
13	7am	Susan James					6:10pm	Susan James		
14								Susan James	parent vacation	
15								Susan James	parent vacation	
16										
17										
18	7:03am	Susan James					5:51pm	Susan James		
19								Susan James	Child ill - flu	
20	6:55am	Susan James					6:12pm	Susan James		
21	6:57am	Susan James					6:04pm	Susan James		
22	6:56am	Susan James					5:56pm	Susan James		
23										
24										
25	6:59am	Susan James					6:06pm	Susan James		
26	6:53am	Susan James					5:49pm	Susan James		
27	6:48am	Susan James					5:57pm	Susan James		
28	6:52am	Susan James					5:56pm	Susan James		
29	7:04am	Susan James					6:04pm	Susan James	Teacher work day	
30										
31										

Office Use Only

Rate Adjustment _____

Hours @\$ _____ Per Hour /RC _____

Hours @\$ _____ Per Hour /RC _____

Hours @\$ _____ Per Hour /RC _____

Days @\$ _____ Per _____ / RC _____

Days @\$ _____ Per _____ / RC _____

Days @\$ _____ Per _____ / RC _____

DATE _____

VOUCHED

We the provider and parent declare under penalty of perjury that the above is true and correct.

Provider Signature Barbara Bailey

Parent Signature Susan James

Susan James

Parents Name (Please Print) _____ Social Security Number (optional)/Family ID _____