



Child Attendance Sheet  
 Hively  
 7901 Stoneridge Drive, Suite 150  
 Pleasanton, CA 94588

925-417-8733 | www.BeHively.org

Office Use Only	Date Received:
Returned to:	
<input type="checkbox"/> Licensed <input type="checkbox"/> Exempt	

Provider's LastNameandFirstName

**Attendance Sheet Instructions (NO Faxes or Copies) (Please complete form in ink) (Only one form per child)**  
 1. Sign child in and out of care daily (Parent full signature). Please write AM or PM next to times in and out of care daily.  
 2. Indicate reason for absence from care or from school and sign each day absent. (See back of sheet for explanation of absence and payment)  
 3. Fill form out completely. Include child's name, all provider/parent information, month/year of care, and all appropriate signatures.

PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING

Provider's Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Address \_\_\_\_\_ Child's Name \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ CA Zip \_\_\_\_\_ Provider Phone # \_\_\_\_\_  
 Provider ID \_\_\_\_\_

Office Use		<input type="checkbox"/> Alternate PV:	<input type="checkbox"/> Family Fee	<input type="checkbox"/> Flex	/					Office Use
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 to care AM or PM	Parent's full signature for time into care	Time Out to school AM or PM	Provider Initials	Time In from school AM or PM	Provider Initials	Time Out of care AM or PM	Parent's full signature for time out of care <u>or</u> parent's full signature for absence	Reason for absence from care or from school	Total Hours
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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Office Use Only \_\_\_\_\_ Rate Adjustment \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_

We the provider and parent declare under penalty of perjury that the above is true and correct.  
 Provider Signature \_\_\_\_\_  
 Participant Signature \_\_\_\_\_ Family ID \_\_\_\_\_  
 \_\_\_\_\_  
 Participant Name (Please Print) \_\_\_\_\_  
 Office use, Date Vouched: \_\_\_\_\_

**PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING**

Please record the reason that your child was absent daily. Be specific about the illness of your child. An unexplained absence is considered to be an unexcused absence. UNEXCUSED ABSENCES WILL NOT BE PAID BY HIVELY. Excused absences will only be paid to licensed providers. Examples: Flu, fever, virus, etc.

Examples of reasons for absence:

1. Illness of the child.
2. Illness of the parent.
3. Quarantine.
4. Family emergency requiring the parent, and therefore the child, to travel away from home.
5. Time spent away from home with a parent or other relative that has been required by a court of law/or is in the best interest of the child.
6. Excused absences are limited to 10 days per month.

ALL HIVELY CARE PAYMENTS ARE SUBJECT TO ADEQUATE FUNDING FROM PROGRAM SOURCES. PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING.

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