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Address Child's Name City State CA Zip Provider Phone #	1. Sign ch 2. Indicate	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.											
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******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 CHILD CARE LINKS. 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 CHILD CARE LINKS CARE PAYMENTS ARE SUBJECT TO ADEQUATE FUNDING FROM PROGRAM SOURCES. PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING.

Office Use Only