

SAMPLE CHILD CARE DAILY ATTENDANCE RECORD FORM for EMERGENCY/DISASTER PREPAREDNESS

Provider's Name	Provider's Registered/Certified/License #	Week of: _____ - _____ (mm/dd/yyyy) through (mm/dd/yyyy)
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Daily Attendance Record: Enter the child's full name as listed on the Provider Billing Form (PBF). Beside child's name, record the actual time the child arrives and departs (do not record this information in advance). If the parent or authorized person fails to initial each entry in or out, funds may be recouped. It is recommended that child care providers have the parents review this form for accuracy at the end of the week and sign the form as verification that it is correct. The PBF and sign in sheets should be compared to ensure accuracy of the child's attendance, absences and holidays that are being billed. Please make additional copies if needed.

Child's Name (as it appears on PBF)	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Parent Signature to Verify Accuracy of Attendance for week
	In Initials	Out Initials	In Initials	Out Initials	In Initials	Out Initials	In Initials	Out Initials	In Initials	Out Initials	In Initials	Out Initials	In Initials	Out Initials	
1.															
2.															
3.															
4.															
5.															

I certify that the above attendance information is true and accurate to the best of my knowledge. I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid.

Child Care Provider's Signature _____ Date: _____