

AmeriCorps Childcare Attendance Sheet



MEMBER NAME: _____ NSPID #: _____

Members SSN: ____ - ____ - ____ Member Contract Date: _____

PROVIDER'S NAME: _____ PHONE NUMBER: _____

MONTH OF CARE: _____ YEAR OF CARE: _____

1)	_____ / _____ / _____	
	Child's Name	Age (Provider rate for this child)
2)	_____ / _____ / _____	
	Child's Name	Age (Provider rate for this child)
3)	_____ / _____ / _____	
	Child's Name	Age (Provider rate for this child)
4)	_____ / _____ / _____	
	Child's Name	Age (Provider rate for this child)

Attendance: 1 st - 30/31 st of the Month (fill in the # of hours each day care was provided)																
Day of Week (Su, M, T, W, Th, F, Sa)																
Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1)																
2)																
3)																
4)																
Day of Week (Su, M, T, W, Th, F, Sa)																
Child's Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1)																
2)																
3)																
4)																

Week 1 Total Charges for Services Rendered: _____ Week Ending _____

Week 2 Total Charges for Services Rendered: _____ Week Ending _____

Week 3 Total Charges for Services Rendered: _____ Week Ending _____

Week 4 Total Charges for Services Rendered: _____ Week Ending _____

Week 5 Total Charges for Services Rendered: _____ Week Ending _____

Total Charges for the Month: _____

Member and provider must sign below for payment to be issued. Incomplete attendance sheets will be returned.

X _____
Provider Signature _____
Date

I certify that the provider information and attendance record entered on this voucher are true and accurate. I understand that my payment will be based on this completed voucher once received by AmeriCorps Child Care Program staff. I further understand that any misrepresentation of information may result in legal action.

X _____
Member Signature _____
Date

I certify that the Sponsor or legal guardian information and the attendance record entered on this voucher are true and accurate. I understand that payment to the provider will be based on this completed voucher once received by the subsidy department. I further understand that any misrepresentation of information may result in legal action.