

Date Received

Choices for Children



Attendance Log

20 Great Oaks Blvd., Suite 200, San Jose, CA 95119
(408) 297-3295

Counselor's Name (if known)

MONTH YEAR CHILD'S NAME CHILD'S ID:
CHILD'S BIRTHDAY PARENT'S NAME PARENT'S ID:

- Fill out one form per child.
The parent must record real time in and/or time out daily.
Indicate absent reason under absence reason for that date.
Provider is responsible for submitting attendance log(s) to the subsidy office by 5:00 p.m. on the fifth business day of the month following service (example: October 2022 attendance log is to be turned in by November 7th).
Do not use white out and/or highlighting on attendance log(s).

MAKE CHECK PAYABLE TO:
Provider/Business Name:
Payee Name:
Address:
Phone #:

Table with 8 columns: DAY OF MONTH, PARENT TIME IN THIS COLUMN ONLY, PROVIDER MUST TIME IN & OUT IF CHILD HAS A SPLIT SCHEDULE (PROVIDER TIME OUT, PROVIDER TIME IN), PARENT TIME OUT THIS COLUMN ONLY, ABSENCE REASON, OFFICE USE (TOTAL HOURS). Rows 1-31.

OFFICE USE ONLY
Last Month's Payment Week Pro-rated:
TOTAL HOURS OF CARE
TOTAL DAY OF CARE
TOTAL WEEKS OF CARE
TOTAL MONTHS OF CARE
X HOURLY PAY \$
X DAILY PAY \$
X WEEKLY PAY \$
X MONTHLY PAY \$
Yes No

Counselor
[Signature Box]

I declare under penalty of perjury this is a true and accurate log of attendance for this child for the month indicated. this is the same rate charged to non-subsidized families.

I certify the accuracy of the hours in this attendance log.

\*\*SIGNATURE OF PROVIDER (Required)

\*\*SIGNATURE OF PARENT (Required)