



YMCA CHILDCARE RESOURCE SERVICE

Parent and Providers;

The County of San Diego requires ACTUAL arrival and departure times DAILY, full legal signatures and date at the bottom of the attendance sheet. **Any attendance sheet with missing/incomplete signatures, dates, or in/out times will be placed on hold until clarification of service is submitted and the provider payment will be delayed.** It is the parents responsibility to review the attendance sheet for accuracy. If an error occurs, cross it out, initial and attach a statement with the correct information, Wite-Out is not accepted. Completed attendance sheets may be submitted for payment after the last day of care is provided for the entire month.

*Reimbursement will be based on Regional Market Rates or the providers expected rate, whichever is less. It is the parents responsibility to pay any remaining balance.


**Note that payments will be processed beginning on the 1st of the month for providers whose center name or last name begin with letters A-L, and centers or providers with the last names beginning with M-Z, will begin being processed on the 10th of each month, or the Monday following if the 1st or 10th lands on a weekend.

If you are having difficulty printing attendance sheets, call Matthew Leo (619)521-3055 ext 2478

STAGE 1

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Provider Name: «ReportProviderName» («ChildCare.ProviderID»)	Month/Year: «ChildCare.AttendanceMonth»/«ChildCare.AttendanceYear»
Child Name: SUZIE SMITH	Child DOB: «ChildCare.DOB», «Age»
Parent Name: «ChildCare.ParentName» («ChildCare.ParentID»)	Case Manager: «SpecialistName»



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Daily signatures are not required.

Record ACTUAL arrival and departure times DAILY, and complete all sections in ink (pencil or crayon will not be accepted).

Center shaded columns are for any time that the children are taken in and out of child care twice (for example care before and/or after school).

Use the Comment column to indicate reason for absence, or last day of care, if applicable.

Note this important new requirement to write your customary requested payment amount for the month.

Provider and parent Sign and Date** At the end of the Month**

JULY 2014

SUZIE SMITH

Date/day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment	Date/day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment
Jul 1	M					Jul 16	TU				
Jul 2	TU					Jul 17	W				
Jul 3	W					Jul 18	TH				
Jul 4	TH					Jul 19	F				
Jul 5	F					Jul 20	SA				
Jul 6	SA					Jul 21	SU				
Jul 7	SU										
Jul 8	M										
Jul 9	TU										
Jul 10	W										
Jul 11	TH										
Jul 12	F					Jul 27	SA				
Jul 13	SA					Jul 28	SU				
Jul 14	SU					Jul 29	M				
Jul 15	M					Jul 30	TU				
						Jul 31	W				

FAMILY FEE CERTIFICATION & RECEIPT/ATTENDANCE CERTIFICATION			
Effective: JUNE 2014	Monthly: \$150.00	ATTENTION: Enter amount of family fees paid for the current month only. \$ _____	
PROVIDER BILLING/INVOICING			
Any billed or invoiced amount must be the same amount provider charges to any private pay/non-subsidy families using the provider's child care services. Total amount billed by provider for this period (do not deduct family fees):			\$ _____
Parent Self-Certification		Provider Self-Certification	
I declare under penalty of perjury that the information herein is true and correct and that I am not receiving any other child care subsidy. I understand these child care hours are to be used only during pre-approved activities that entitle me to receive subsidized child care services. I understand any Family Fees that I am required to pay, as stated above, have been paid in full.		I declare under penalty of perjury that the information herein is true and correct and that child care was provided for the sole purpose for which this child was certified. I am not receiving child care payment for the child care services provided from any other source. I understand family fees may not be waived under any circumstances. I understand that I may be required to repay any overpayment.	
Parent/Guardian Signature	Date:	Provider Signature	Date:

PROVIDER BILLING/INVOICING	
Any billed or invoiced amount must be the same amount provider charges to any private pay/non-subsidy families using the provider's child care services. Total amount billed by provider for this period (do not deduct family fees):	\$ _____