

Child Care Aware of America Subsidy Attendance Sheet

Family ID: <u>123456789</u>	Provider ID#: <u>PROVIDER-ID</u>
Sponsor Name: <u>Sarah Cope</u>	Provider Name: <u>PROVIDER-NAME</u>
Program: <u>MCCYN</u>	Service Type: <u>Before & After School</u>
Month of Care: <u>May</u>	Year of Care: <u>2019</u>
Child Name: <u>Aurora Cope</u>	

To complete the attendance record, use the code below to indicate the amount of care provided for each child on each day of the month.

FD = Full day of care provided (infants and toddlers)	PD = Part day of care provided (infants and toddlers)
SF = School-age full day	SP = School-age part day
SH = School-age holiday (use when child is in care due to school holiday closings; spring/winter breaks)	
NC = No care provided (use whenever child is absent from care, including weekends)	
TM = Child care services terminated (final day of care)	

Attendance - 1st - 15th of the Month															
Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Aurora Cope								FD	FD						

Attendance - 16th - 31st of the Month																
Child's Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aurora Cope																

Service member/spouse/legal guardian and provider must sign below for payment to be issued. Incomplete attendance sheets will be returned.

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 Child Care Aware of America. I further understand that any misrepresentation of information may result in legal action.

Sponsor/Legal Guardian Signature _____
Date

I certify that the sponsor or legal guardian information and attendance record entered on this voucher are true and accurate. I understand that the payment to the provider will be based on this completed voucher once received by Child Care Aware of America.

MAIL COMPLETED ATTENDANCE SHEET TO
 Child Care Aware of America
 Attn: Payment Department
 1515 N. Courthouse Rd 3rd Floor
 Arlington, VA 22201

EMAIL ATTENDANCE SHEETS TO:
 paymentdept@usa.childcareaware.org
FAX ATTENDANCE SHEETS TO: 703-341-4199
CONTACT US AT: 1-800-793-0324 #366
 MONDAY-FRIDAY 8:00 AM - 7:00 PM EST



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