DAY CARE PROVIDERS NAME :

PROVIDERS ADDRESS

RETURN BY THE 4TH OF THE MONTH TO :
Judy Velten, Delaware Opportunities Inc.
35430 State Hwy. 10, Hamden, NY 13782

PARENT NAME (Please Print)

Family Fee received: YES NO
(CIRCLE ONE)

CHILD CARE ATTENDANCE SHEET

MONTH AND YEAR CARE WAS PROVIDED

Child's Full Name:

Case #

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1 Date:							
Time In							
Time Out							
Time In							
Time Out							
Week 2 Date:							
Time In							
Time Out							
Time In							
Time Out							
Week 3 Date:							
Time In							
Time Out							
Time In							
Time Out							
Week 4 Date:							
Time In							
Time Out							
Time In							
Time Out							
Week 5 Date:							
Time In							
Time Out							
Time In							
Time Out							

I declare under penalty of perjury that the above information is true and correct and that child care was provided for the sole purpose for which this child was certified. I understand that I may be required to repay an over-payment resulting from a false or incorrect claim. And that I may be prosecuted for fraud. As a provider, I further authorize the deduction for all Family Fees from any amount otherwise owed me. Should there be a discrepancy between the amount due and the amount collected, my signature authorizes full deduction of the difference.

_____ _____

Signature of Provider Date Parent/ Legal Guardian Signature Date

REASON FOR ABSENCE: **SICK DR./HEALTH APPT. FAMILY EMERGENCY**
(CIRCLE ONE)