

ATTENDANCE RECORD CHECKLIST

Provider ●
Parent ●



Community Child Care Council of
Santa Clara County, Inc.
150 River Oaks PKWY Suite F-1 San Jose, CA 95134
Phone: 408.487.0747 Fax: 408.413.5403
ATTENDANCE RECORD

1 <i>A B C Child Care</i> ID: 2525	(408) 123-1234
2 <i>1515 Main Street</i>	San Jose CA 95111
3 <input type="checkbox"/> NEW address (MUST contact the Provider Coordinator)	City State Zip Code
4 <i>Jane Doe</i> ID: 12345	<i>John Doe</i> ID: 1717
Parent Name / NoHo ID:	Child Name / NoHo ID:

Service Month:
5 *April 2018*

Form must be received by 4C Council:
16 on or before the **1st** of each month

PARENT			PROVIDER <small>SCHOOL AGE CHILD ONLY</small>		PARENT			OFFICE USE ONLY		
DATE	DAY	TIME IN	FULL SIGNATURE	TIME OUT TO SCHOOL	TIME IN FROM SCHOOL	TIME OUT	FULL SIGNATURE	REASON FOR ABSENCE / TARDINESS	CODE	HOURS
1	SU	AM / PM		9	10	AM / PM		13		
2	M	7:15 AM / PM	<i>Jane Doe</i>	8:02 AM		AM / PM				
3	T	AM / PM			3:07PM	5:16 AM / PM	<i>Jane Doe</i>			
4	W	7:19 AM / PM	<i>Jane Doe</i>	8:05AM	3:12PM	5:12 AM / PM	<i>Jane Doe</i>			
5	TH	7:14 AM / PM	<i>Jane Doe</i>	8:06AM	3:10PM	5:20 AM / PM	<i>Jane Doe</i>			
6	F	7:12 AM / PM	<i>Jane Doe</i>	8:05AM	3:09PM	5:16 AM / PM	<i>Jane Doe</i>			
7	SA	AM / PM				AM / PM				
8	SU	AM / PM				AM / PM				
9	M	AM / PM		<i>Holiday</i>		AM / PM				
10	T	7:16 JD 7:23 AM / PM	<i>Jane Doe</i>	8:05	3:08	5:22 AM / PM	<i>Jane Doe</i>			
11	W	7:13 AM / PM	<i>Jane Doe</i>	<i>No school today</i>		7:21 AM / PM	<i>Jane Doe</i>			
12	TH	AM / PM				AM / PM	<i>Jane Doe</i>	<i>Sick</i>	13	
13	F	AM / PM				AM / PM	<i>Jane Doe</i>	<i>No Work</i>		
14	SA	AM / PM				AM / PM				

CAPP
 C2AP
 C3AP
 CFCC (signatures required daily)
 CCTR (signatures required daily)

● I CERTIFY UNDER PENALTY OF PERJURY THAT SERVICES PROVIDED TO THE ABOVE NAMED CHILD AND THE DAILY ATTENDANCE RECORDING ARE ACCURATE. (FORM MUST BE SIGNED IN INK)

14 _____	15 _____
Provider Signature	Parent / Guardian Signature
Date	Date

Provider	Parent
<p>1 Provider Name, Noho ID, and Phone Number. (Don't know your ID, refer to Child Care Certificate).</p> <p>2 Mailing address including City, State, and Zip code.</p> <p>3 New address? Check the box & contact Provider Coordinator: (408) 343-7735.</p> <p>4 Parent's full name with Noho ID; Child's full name with Noho ID. (Don't know the IDs, refer to Child Care Certificate).</p> <p>5 Service Month: Write Month/Year.</p> <p>9 Write the exact time when a <u>school age</u> child leaves day care for school <u>daily</u>.</p> <p>10 Write the exact time when a <u>school age</u> child comes back to day care from school <u>daily</u>.</p> <p>14 Sign and date at the end of service month.</p> <p>16 Complete and accurate attendance record can now be sent via providers@4c.org as early as the 1st (no later than the 5th) for immediate processing & mail original to 4C <u>right after</u>.</p>	<p>6 Date the service month: Start the 1st on the correct day of the week.</p> <p>7 Put exact time child arrives at day care daily & circle AM or PM.</p> <p>8 Sign daily at child's arrival time <u>especially</u> if the child is enrolled in CFCC or CCTR program.</p> <p>11 Put exact time child is picked up from day care end of each day daily & circle AM or PM.</p> <p>12 Sign daily at child departure time <u>especially</u> if the child is enrolled in CFCC or CCTR program.</p> <p>13 Write down reason for absences, change in schedule, early arrival / departure, or tardiness.</p> <p>15 Parent/Guardian: Sign and date at the end of service month.</p>

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12	TH	AM / PM				AM / PM	Jane Doe	Enfermo		
13	F	AM / PM				AM / PM	Jane Doe	No hay trabajo		
14	SA	AM / PM				AM / PM				

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14 15
 Provider Signature Date Parent / Guardian Signature Date

Proveedor	Padre
<p>1 Nombre del proveedor, No-Ho ID y número de teléfono. (¿no sabe su No-Ho ID?, lo encuentra en el certificado de cuidado infantil).</p> <p>2 Dirección postal incluyendo ciudad, estado y código postal.</p> <p>3 ¿nueva dirección? Marque la casilla y comuníquese con el Coordinador de proveedores: (408) 343-7735.</p> <p>4 Nombre completo del padre con No-Ho ID; Nombre completo del niño con No-Ho ID. (¿no sabe el No-Ho ID?, lo encuentra en el certificado de cuidado infantil).</p> <p>5 Mes de servicio: escriba mes/año.</p> <p>9 Ponga diariamente la hora exacta en que un niño de <u>edad escolar</u> deja la guardería para ir a la escuela.</p> <p>10 Ponga diariamente la hora exacta en que un niño de <u>edad escolar</u> regresa de la escuela a la guardería.</p> <p>14 Firme y ponga la fecha al final de la página.</p> <p>16 Este registro de asistencia ahora se puede enviar por correo electrónico a Providers@4c.org tan pronto como el dia 1 y no más tarde del día 5 de cada mes, para acelerar el proceso pero el original debe enviarse por correo inmediatamente después a 4C.</p>	<p>6 Fecha: comience el día correcto de la semana correcta.</p> <p>7 Ponga el tiempo exacto en que el niño llegó a la guardería y circule AM o PM.</p> <p>8 Firme diariamente a la hora de entrada del niño especialmente si el niño está matriculado en los programas CFCC o CCTR.</p> <p>11 Ponga el tiempo exacto en que el niño salió de la guardería y circule AM o PM.</p> <p>12 Firme diariamente a la hora de salida del niño especialmente si el niño está matriculado en los programas CFCC o CCTR.</p> <p>13 Anote la razón de ausencias, cambio de horario, llegada/salida temprana y/o la tardanza del niño.</p> <p>15 Padre/guardián: Firme y ponga la fecha al final de la página.</p>