

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

Service Month:
5 April 2018

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

1 **A B C Child Care** ID: 2525 (408) 123-1234
 Facility Name or Provider Name / NoHo ID: Phone number
 2 **1515 Main Street** San Jose CA 95111
 Mailing address 3 NEW address (MUST contact the Provider Coordinator) City State Zip Code
 4 **Jane Doe** ID: 12345 **John Doe** ID: 1717

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

8 12 8 12

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 Provider Signature _____ Date _____ 15 Parent / Guardian Signature _____ 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 school age child leaves day care for school daily.</p> <p>10 Write the exact time when a school age child comes back to day care from school daily.</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 right after.</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 specially 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 specially 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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11	W	7:13 AM / PM	Jane Doe	No school today		7:21 AM / PM	Jane Doe			
12	TH	AM / PM				AM / PM	Jane Doe	Enfermo	13	
13	F	AM / PM				AM / PM	Jane Doe	No hay trabajo		
14	SA	AM / PM				AM / PM				

8 12 8 12

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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 edad escolar deja la guardería para ir a la escuela.</p> <p>10 Ponga diariamente la hora exacta en que un niño de edad escolar 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 día 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>