

**DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILDCARE & EARLY CHILDHOOD EDUCATION**

**WEEKLY CHILD ATTENDANCE FORM**

Facility Name \_\_\_\_\_ Facility Number \_\_\_\_\_ Week of \_\_\_\_\_

**Parent/Guardian/Authorized Representative Certification of Attendance:** By my signature below, I declare under penalty of perjury that the information is true and that my child/children were provided services at the above location and on the days and times listed below. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

Child's Name	TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Parent Signature**	Date
1	IN									
	OUT									
2	IN									
	OUT									
3	IN									
	OUT									
4	IN									
	OUT									
5	IN									
	OUT									
6	IN									
	OUT									
7	IN									
	OUT									
8	IN									
	OUT									
9	IN									
	OUT									
10	IN									
	OUT									
11	IN									
	OUT									
12	IN									
	OUT									
13	IN									
	OUT									
14	IN									
	OUT									
15	IN									
	OUT									

**Provider Certification:** I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

\*\*Parent signature is required as disclosed in the 9800 agreement for payment of vouchers.