

DAILY CHILD ATTENDANCE FORM

Facility Name _____ Facility Number _____ Date of Service _____

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 In	Parent Signature**	Time Out	Parent Signature**
1				
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Provider Certificaion: 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.

Director/Owner Signature _____ Date _____