Generic Attendance Record

Use standard time (not military). Use permanent ink, no white out.

If you make a mistake, cross it out neatly and initial.

**FOR RECORD KEEPING PURPOSES ONLY.**

You have applied for child care and development services. If you are approved, the following information is required. Completion of this form does **not** guarantee reimbursment until you receive written notification. This is for record-keeping purposes **only**. In order for this to be a reimbursable record, all applicable sections below must be completed.

Provider Name: Month:

Parent Name: Child Name:

Child's Birthdate:

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| --- | --- | --- | --- |
|  | **PARENTS\* ONLY** | **PROVIDER ONLY** | **PARENTS\* ONLY** |
| Day of Month | Time In | Full Parent\* Signature | Time Out | Provider Initials | Time In | Provider Initials | Time Out | Full Parent\* Signature |
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*\*A parent or other previously authorized adult must indicate exact time and sign in/out daily.*

# By signing, I certify under penalty of perjury that the information indicated on this attendance record is true and accurate. The information was recorded daily.

Provider Signature Date Parent Signature Date

(Cannot be signed before the last day of child care for this month is over.)

Attendance web form

3325 Wilshire Blvd., Suite 1100 Los Angeles, CA 90010

T: (213) 427-2700 F: (213) 427-2701

3550 W. Sixth Street, Suite 500

Los Angeles, CA 90020

[www.pathwaysla.org](http://www.pathwaysla.org/)

Please enter the reason for absences below / *Indique la razon por la ausencia aqui:*

|  |  |  |
| --- | --- | --- |
| Date/*Fecha* | Reason for absence or early pick up (i.e. early release from school)/*Razon de la ausencia o recogida temprano (ejemplo: escuela cerro temprano)* | Parent's Full Signature/*Firma Complete del Padre* |
|  |  |  |
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|  |  |  |

All absences must be indicated. Todas ausencias deben ser indicadas.

\***Specialist**: Please transfer this information to the Pathways generated AS if services are approved. Attendance web form