Date Received by MC3

Child Care Attendance Record

MC3	Use	Only

		55	Marin Child 55 Northgate Dr. #10 415.4						
Month			Year	Child's N	lame:				
Child Care Pro	ovider:				Birth: Name:				
City/State/zip	o:			Phone:					
	Туре о	f Care (circle onε	e) Center Licensed	l Family CC Exem	pt (friend/relative	<i>:)</i>			
EFORE submitti ay the child doe rovider closed).	ing. Attendar es not use car . <u>Providers m</u>	nce Records are du are as scheduled, pl must notify MC3 aft	elow each day (do not use by the 5 th of the molease indicate the reason ter 3 consecutive unexo	onth following care. W on for the absence (ie: cused absences (when	/e must receive origir e: parent/child sick, m n parent has not notif	nals, not copies or f nedical appt., family fied provider with r	faxes. Each y vacation, reason).		
Sunday	Monday	y Tuesda	ay Wednesday	Thursday	Friday	Saturday	Weekly Total		
ull signatures are required below. Parent and Provider must sign this section of the Attendance Record on or after the last day of are provided during the month or it will be considered incomplete. (parent/provider) declare under penalty of perjury under the laws of the United States and the state of California that the facts ontained in this Attendance Record are true, correct and complete and that the provider named on this form provided the child care.									
Total billed by provider: Please indicate amount due or attach invoice									
rovider Signature			Date	Amour	nt due for this m	ontn:			
Full Time Monthly Rate /month _ Part Time Monthly Rate / month _ Full Time Weekly Rate _ / [X] # of wks _ Part Time Weekly Rate / [X] # of wks _ Hourly Rate / [X] # of hours _ CM:									
otal Due to Provider Family Fee Total to be paid by MC3									