



ALTERNATIVE PAYMENT DEPARTMENT

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Provider Name:	«ReportProviderName» («ChildCare.ProviderID»)	Month/Year:	«ChildCare.AttendanceMonth»/«ChildCare.AttendanceYear»
Child Name:	SUZIE SMITH	Child DOB:	«ChildCare.DOB» , «Age»
Parent Name:	«ChildCare.ParentName» («ChildCare.ParentID»)	Case Manager:	«SpecialistName»

JULY 2014

SUZIE SMITH

Date/day		Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment	Date/day		Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment
Jul 1	M						Jul 16	TU					
Jul 2	TU						Jul 17	W					
Jul 3	W						Jul 18	TH					
Jul 4	TH						Jul 19	F					
Jul 5	F						Jul 20	SA					
Jul 6	SA						Jul 21	SU					
Jul 7	SU						Jul 22	M					
Jul 8	M						Jul 23	TU					
Jul 9	TU						Jul 24	W					
Jul 10	W						Jul 25	TH					
Jul 11	TH						Jul 26	F					
Jul 12	F						Jul 27	SA					
Jul 13	SA						Jul 28	SU					
Jul 14	SU						Jul 29	M					
Jul 15	M						Jul 30	TU					
							Jul 31	W					

SAMPLE

FAMILY FEE CERTIFICATION & RECEIPT/ATTENDANCE CERTIFICATION			
Part Time Monthly: \$	Full Time Monthly: \$	ATTENTION: Enter amount of family fees paid for the current month only. \$ _____	
PROVIDER BILLING/INVOICING			
Any billed or invoiced amount must be the same amount provider charges to any private pay/non-subsidy families using the provider's child care services. Total amount billed by provider for this period (do not deduct family fees):			\$
Parent Self-Certification		Provider Self-Certification	
I declare under penalty of perjury that the information herein is true and correct and that I am not receiving any other child care subsidy. I understand these child care hours are to be used only during pre-approved activities that entitle me to receive subsidized child care services. I understand any Family Fees that I am required to pay, as stated above, have been paid in full.		I declare under penalty of perjury that the information herein is true and correct and this child care was provided for the sole purpose for which this child was certified. I am not receiving child care payment for the child care services provided from any other source. I understand family fees may not be waived under any circumstances. I understand that I may be required to repay any overpayment.	
Parent/Guardian Signature		Date:	Provider Signature
			Date:

ATTENDANCE SHEET POLICY
<ul style="list-style-type: none"> COMPLETE ALL SECTIONS IN INK (PENCIL OR CRAYON WILL NOT BE ACCEPTED) AND WRITE LEGIBLY USE THE ATTENDANCE SHEET ONLY FOR THE CHILD NAMED AND MONTH INDICATED. Each Attendance Sheet is bar-coded for the specific child and date range. If you are having difficulty printing Attendance Sheets, call your Provider Specialist. The parent or an authorized adult must record ACTUAL arrival and departure times DAILY on the Attendance Sheet. Center columns are for any time that the children are taken in and out of child care twice (for example children who are authorized for care before and/or after school). All times entered must indicate whether it is AM or PM. Use the Comment column to indicate reason for absence, OR last day of care, if applicable. Contact Case Manager if parent stops using child care. Refer to YMCA CRS Program Guide for information on absence policies. Enter the exact amount of Family Fee that the parent paid for the month. Family Fees must be paid and the monthly amount due cannot be adjusted or waived under any circumstances. It is the provider's responsibility to collect fees directly from the parent. Attendance Sheet serves as proof of provider's receipt of Family Fees. The provider MUST notify the Case Manager if the parent does not pay the required Family Fee. At the end of the period of child care, both the parent and provider MUST sign and date the Attendance Sheet verifying that the information is true and accurate. YMCA is not responsible for postal delay or lost Attendance Sheets. It is the provider's responsibility to verify that all Attendance Sheets submitted have been reviewed for accuracy and completeness. It is recommended that provider retain a copy of completed Attendance Sheets.