

Mail To:  
 4Cs of Alameda County-Hayward  
 22351 City Center Dr. Suite 100  
 Hayward CA 94541

4Cs of Alameda County-Hayward  
 September 2018  
 Must Be Received by: 10/3/2018

Date Received at 4C's of Alamed

|            |                         |  |                    |
|------------|-------------------------|--|--------------------|
| Provider:  | Address:                | Phone:                                     | Fee:               |
| Child:     | Age:                    | School:                                    | Child ID: 34538    |
| Parent:    | Program: C3AP           | Specialist:                                | Phone:             |
| Stop Date: | Max Weekly Hours: 17.00 | Prov. Type: Family Child Care Home (small) | Family ID: 24516   |
|            |                         |  | Provider ID: 23681 |

|                   | SUN           | MON                                | TUES                               | WED                                | THU                                | FRI                                | SAT           |
|-------------------|---------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---------------|
| Regular Schedule  | No Enrollment | 08:15A - 08:30A<br>03:30P - 06:15P | 08:15A - 08:30A<br>03:30P - 06:15P | 08:15A - 08:30A<br>01:30P - 06:15P | 08:15A - 08:30A<br>03:30P - 06:15P | 08:15A - 08:30A<br>03:30P - 06:15P | No Enrollment |
| Vacation Schedule | No Enrollment | 08:15A - 06:15P                    | 08:15A - 06:15P                    | 08:15A - 06:15P                    | 08:15A - 06:15P                    | 08:15A - 06:15P                    | No Enrollment |

Actual times must be used at arrival and departure

| Day | Date | PARENT/<br>GUARDIAN<br>TIME IN<br>AM/PM | PROVIDER USE FOR SPLIT<br>SCHEDULE |                  | PARENT/<br>GUARDIAN<br>TIME OUT<br>AM/PM | Absence Reason | OFFICE USE ONLY |       |
|-----|------|---|------------------------------------|------------------|--|----------------|-----------------|-------|
|     |      |   | TIME OUT<br>AM/PM                  | TIME IN<br>AM/PM |  |                | TOTAL<br>HOURS  | NOTES |
| Sat | 1    |   |                                    |                  |  |                |                 |       |
| Sun | 2    |   |                                    |                  |  |                |                 |       |
| Mon | 3    | 8:15 am                                 | 8:29 am                            | 3:28 pm          | 6:20 pm                                  |                |                 |       |
| Tue | 4    | 8:17 am                                 | 8:25 am                            | 3:30 pm          | 6:15 pm                                  |                |                 |       |
| Wed | 5    | 8:20 am                                 | 8:31 am                            | 3:35 pm          | 6:10 pm                                  |                |                 |       |
| Thu | 6    | 8:18 am                                 | 8:28 am                            | 3:31 pm          | 6:08 pm                                  |                |                 |       |
| Fri | 7    | 8:15 am                                 | 8:32 am                            | 3:25 pm          | 6:15 pm                                  |                |                 |       |
| Sat | 8    |   |                                    |                  |  |                |                 |       |
| Sun | 9    |   |                                    |                  |  |                |                 |       |
| Mon | 10   | 8:20 am                                 | 8:32 am                            | 3:30 pm          | 6:08 pm                                  |                |                 |       |
| Tue | 11   | 8:16 am                                 | 8:30 am                            | 3:25 pm          | 6:15 pm                                  |                |                 |       |
| Wed | 12   | 8:15 am                                 | 8:28 am                            | 3:29 pm          | 6:13 pm                                  |                |                 |       |
| Thu | 13   | 8:18 am                                 | 8:31 am                            | 3:23 pm          | 6:10 pm                                  |                |                 |       |
| Fri | 14   | 8:21 am                                 | 8:35 am                            | 3:30 pm          | 6:15 pm                                  |                |                 |       |
| Sat | 15   |   |                                    |                  |  |                |                 |       |
| Sun | 16   |   |                                    |                  |  |                |                 |       |
| Mon | 17   | 8:15 am                                 | 8:30 am                            | 3:30 pm          | 6:15 pm                                  |                |                 |       |
| Tue | 18   | 8:17 am                                 | 8:28 am                            | 3:25 pm          | 6:10 pm                                  |                |                 |       |
| Wed | 19   | 8:20 am                                 | 8:31 am                            | 3:28 pm          | 6:15 pm                                  |                |                 |       |
| Thu | 20   | 8:15 am                                 | 8:30 am                            | 3:24 pm          | 6:15 pm                                  |                |                 |       |
| Fri | 21   | 8:19 am                                 | 8:30 am                            | 3:31 pm          | 6:12 pm                                  |                |                 |       |
| Sat | 22   |   |                                    |                  |  |                |                 |       |
| Sun | 23   |   |                                    |                  |  |                |                 |       |
| Mon | 24   |   |                                    |                  |  | child sick     |                 |       |
| Tue | 25   | 8:15 am                                 |                                    |                  | 6:15 pm                                  |                |                 |       |
| Wed | 26   | 8:17 am                                 |                                    |                  | 6:10 pm                                  |                |                 |       |
| Thu | 27   | 8:20 am                                 |                                    |                  | 6:15 pm                                  |                |                 |       |
| Fri | 28   | 8:15 am                                 |                                    |                  | 6:12 pm                                  |                |                 |       |
| Sat | 29   |   |                                    |                  |  |                |                 |       |
| Sun | 30   |   |                                    |                  |  |                |                 |       |

PARENT AND PROVIDERS: READ AND SIGN THIS MONTHLY DECLARATION

I declare under penalty of perjury by signing this attendance record for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be reimbursed only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance record.

Parent Signature      10/1/18  
 Parent Signature      /Date

Provider Signature      10/1/18  
 Provider Signature      /Date

| OFFICE USE ONLY      |                     |                     |                               |
|----------------------|---------------------|---------------------|-------------------------------|
| TOTAL HOURS OF CARE  | _____ x HOURLY PAY  | \$ _____ = \$ _____ | Child Care Fees: _____        |
| TOTAL DAYS OF CARE   | _____ x DAILY PAY   | \$ _____ = \$ _____ | Less Family Fees: _____       |
| TOTAL WEEKS OF CARE  | _____ x WEEKLY PAY  | \$ _____ = \$ _____ | Provider Reimbursement: _____ |
| TOTAL MONTHS OF CARE | _____ x MONTHLY PAY | \$ _____ = \$ _____ |                               |