**Child Care Attendance and Provider Reimbursement Timesheet**

**Provider Information:**
- Name:
- Tax ID:
- Phone:

**Client/Child Information:**
- Child Name: [Enter name]
- Child UPI: [Enter UPI]
- Provider Information: [Enter provider info]

**School Bell Schedule (if applicable):**

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30</td>
<td>2:40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Child Notes:**
- AM/PM must be indicated as day will be denyed if not marked.

**Attendence Notes:**
- School aged children must be signed in when parent drops off and signed out when they are dropped off at school by the provider. They must be signed in when they are picked up from school by the provider and signed out when parent takes the child. *Note: children who attend an accredited in-center kindergarten or are home-schooled must also be signed in/out for school.

**Billing for Registration or Annual Fee ($40.00 per child per calendar year):**

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider Signature</th>
<th>Bill Annual Fee Amount: $</th>
</tr>
</thead>
</table>

**Notification of client’s copay:**

- If a discretionary day is used, a “D” must be placed in Absent Reason box and the client must initial that day. Any other absences to the Client/Child Schedule above must be indicated by an Absent Reason code (these do not need initials). All Timesheets must be submitted to the appropriate child care office no later than thirty days following the month of service. Timesheets submitted after thirty days are subject to non-payment.

**Schedule Notes:**
- Place a mark in the box for days attended each week of the month. Enter any special notes if necessary.

**Billing for Registration or Annual Fee ($40.00 per child per calendar year):**

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider Signature</th>
<th>Bill Annual Fee Amount: $</th>
</tr>
</thead>
</table>

**Service Month & Year must be entered. One month per timesheet.**