NCO/RCCC ALTERNATIVE PAYMENT				PROVIDER MUST INITIAL IF							
ATTENDANCE RECORD				CHILD HAS SPLIT SCHEDULE							
	DAY/	TIME	TIME	PROV	TIME	PROV	TIME	TIME	TIME	REASON FOR ABSENCE OR	OFFICE
FACILITY NAME	DATE	IN	OUT	INITIAL	IN	INITIAL	OUT	IN	OUT	UNUSUAL ATTENDANCE	USE ONLY
	1										
MONTH/YEAR SERVICE PROVIDED	2										
	3										
NAME OF CHILD	4										
	5										
BIRTHDATE OF CHILD	6										
REGISTRATION FEE DUE THIS MONTH \$	7										
I DECLARE UNDER PENALTY OF PERJURY THAT THIS INFORMATION	8										
IS TRUE AND CORRECT, AND THAT THIS CHILD CARE WAS PROVIDED	9										
FOR THE SOLE PURPOSE FOR WHICH THIS CHILD WAS CERTIFIED.	10										
I UNDERSTAND THAT I MAY BE REQUIRED TO RE-PAY ANY	11										
OVERPAYMENT RESULTING FROM FALSE OR INCORRECT CLAIM	12										
FORMS, AND THAT I MAY BE PROSECUTED FOR FRAUD.	13										
	14										
	15										
PARENT SIGNATURE	16										
	17										
PROVIDER SIGNATURE	18										
SHEETS ARE DUE BY THE DATE INDICATED ON THE PROVIDER	19										
PAYMENT SCHEDULE (USUALLY THE 5TH DAY OF THE MONTH	20										
FOLLOWING CHILD CARE). MAIL COMPLETED RECORDS TO:	21										
NCO/RCCC	22										
413 N. STATE STREET	23										
UKIAH, CA 95482	24										
OFFICE USE ONLY	25										
□ UNDER 2 □ 2-5 YEARS □ 6+ YEARS	26										
□ FDCH □ CENTER □ IH EXEMPT	27										
	28										
x \$= \$	29										
Hours Rate Total	30										
X \$= \$	31										
Hours Rate Total											
X \$= \$	FORMS				INK						
Hours Rate Total	DO NOT USE WHITE OUT COMMENTS ON BACK SEE REVERSE FOR INSTRUCTIONS									YES / NO	
\$	SEE REV	ERSE FO	R INSTR	UCTION	S						
TOTAL DUE											

NCO/RCCC ALTERNATIVE PAYMENT	2	9 8		5 SPLIT SCHEDULE			4				
ATTENDANCE RECORD	DAY/	TIME	TIME	PROV	TIME	PROV	TIME	REASON FOR ABSENCE OR	OFFICE		
McBakelaunch Munchkins	DATE	IN	OUT	INITIAL	IN	INITIAL	OUT	UNUSUAL ATTENDANCE	USE ONLY		
FACILITY NAME	M 1	8:02am	6:14pm								
January 2019	T 2	8:52am	7:13pm								
MONTH/YEAR SERVICE PROVIDED	<i>W</i> 3							SICK			
David Jones	TH 4	12:02pm	6:10pm					Dr. appt. in a.m.			
NAME OF CHILD	F 5 5	7:29am		$\mathcal{F}\mathcal{M}$	2:49pm	FM	5:33pm				
1/21/2016	SA 66	6:58pm	11:59pm			-					
BIRTHDATE OF CHILD	su 6 7	12:00am									
REGISTRATION FEE DUE THIS MONTH \$									- 1		
	COMPLE	ETION IN	ISTRUCT	IONS:							
I DECLARE UNDER PENALTY OF PERJURY THAT THIS INFORMATION	1.	INFORMA	ATION - Be	sure to co	omplete a	ll informat	ion reque	sted on the top left hand side of this form.			
IS TRUE AND CORRECT, AND THAT THIS CHILD CARE WAS PROVIDED		Please remember to fill in the amount of any registration fee due.									
FOR THE SOLE PURPOSE FOR WHICH THIS CHILD WAS CERTIFIED.	2.	2. DAY & DATE - The numbers in this column represent the date of the month. Please write in a one or two									
I UNDERSTAND THAT I MAY BE REQUIRED TO RE-PAY ANY		letter abbreviation for the day, (i.e. M for Monday, TH for Thursday).									
OVERPAYMENT RESULTING FROM FALSE OR INCORRECT CLAIM	3.	. TIME IN/OUT - EXACT time when child arrives and leaves. (We don't mean contract time but ACTUAL time)									
FORMS, AND THAT I MAY BE PROSECUTED FOR FRAUD.	4.	4. REASON FOR ABSENCE OR UNUSUAL ATTENDANCE - Must be completed when a child has not attended.									
Denise Jones		(i.e. sick, with grandma, medical appt) or reason child is in care during school hours.									
PARENT SIGNATURE		No time should be filled in on days of absences.									
Francine McBakelaunch	5.	SPLIT SCHEDULE - Example of a child on a split schedule. Provider must initial in and out.									
PROVIDER SIGNATURE	6.	OVERNIGHT CARE - Example for overnight care. The day ends at 11:59pm and begins at 12:00am.									
SHEETS ARE DUE BY THE DATE INDICATED ON THE PROVIDER	7.	OFFICE USE ONLY - Do not write or mark in any of the areas that say "Office Use Only".									
PAYMENT SCHEDULE (USUALLY THE 5TH DAY OF THE MONTH	8.	COMMENTS - Please use the space below for any additional comments and circle YES on the bottom									
FOLLOWING CHILD CARE). MAIL COMPLETED RECORDS TO:		of the fro	nt page.								
NCO/RCCC	8										
413 N. STATE STREET	COMME	NTS:									
UKIAH, CA 95482	DATE	COMMEN	Т				DATE	COMMENT			
OFFICE USE ONLY											
□ UNDER 2 □ 2-5 YEARS □ 6+ YEARS											
□ FDCH □ CENTER □ IH EXEMPT											
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Hours Rate Total											
\$											
TOTAL DUE											