

**NCO/RCCC ALTERNATIVE PAYMENT
ATTENDANCE RECORD**

FACILITY NAME

MONTH/YEAR SERVICE PROVIDED

NAME OF CHILD

BIRTHDATE OF CHILD

REGISTRATION FEE DUE THIS MONTH \$ _____

I DECLARE UNDER PENALTY OF PERJURY THAT THIS INFORMATION IS TRUE AND CORRECT, AND THAT THIS CHILD CARE WAS PROVIDED FOR THE SOLE PURPOSE FOR WHICH THIS CHILD WAS CERTIFIED.

I UNDERSTAND THAT I MAY BE REQUIRED TO RE-PAY ANY OVERPAYMENT RESULTING FROM FALSE OR INCORRECT CLAIM FORMS, AND THAT I MAY BE PROSECUTED FOR FRAUD.

PARENT SIGNATURE

PROVIDER SIGNATURE

SHEETS ARE DUE BY THE DATE INDICATED ON THE PROVIDER PAYMENT SCHEDULE (USUALLY THE 5TH DAY OF THE MONTH FOLLOWING CHILD CARE). MAIL COMPLETED RECORDS TO:

**NCO/RCCC
413 N. STATE STREET
UKIAH, CA 95482**

OFFICE USE ONLY

- UNDER 2 2-5 YEARS 6+ YEARS
 FDCH CENTER IH EXEMPT

_____ X \$ _____ = \$ _____
Hours Rate Total

_____ X \$ _____ = \$ _____
Hours Rate Total

_____ X \$ _____ = \$ _____
Hours Rate Total

\$ _____

TOTAL DUE

DAY/ DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	REASON FOR ABSENCE OR UNUSUAL ATTENDANCE	OFFICE USE ONLY
1								
2								
3								
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**FORMS MUST BE COMPLETED IN INK
DO NOT USE WHITE OUT
SEE REVERSE FOR INSTRUCTIONS**

COMMENTS ON BACK

YES / NO

