Child Care Program Child Enrollment and Attendance Log

Program Name: _____

Month of Care Provided: _____

Program Phone Number: _____

# of Operating Days During Month: _____

Page: _____ of _____

Enrolled Child Name (Last, First)	Enrolled Parent Name (Last, First)	Child Age (Months)	Enrollment Type (FT/PT)	Assistance Type (State, OCS, Tribal, N/A)	Days Attended (#)		Internal Verification
					Full Day (more than 5 hrs)	Part Day (5 or less hrs)	

Statement of Truth: *By signing below, I certify that the information provided on this form for the period indicated is true and accurate. Falsification of any information on this form can result in a repayment of funds, and the inability to receive future grants, reimbursements, or incentives.*

Printed Name of Applicant: _____   Signature of Applicant: _____   Date: _____