

Provider Attendance Log

Include day, month, arrival and departure times for each child and submit this form with your Timesheet. Licensed Providers must bill monthly by the 15th of each month. Tribally Approved Relative Providers may bill bi-weekly by the 15th or 30th.

Provider Name: Month: Year: Child's Name First / Last IN OUT 1st Child: 2nd Child: 3rd Child:s 4th Child: Parent initial each day. Child's Name First / Last OUT OUT OUT OUT IN OUT IN IN **OUT** IN IN IN **OUT** IN 1st Child: 2nd Child: 3rd Child: 4th Child: Parent initial each day.



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Provider Name:				Month:				Year:						
Child's Name		/	/		/		/		/		/			/
First / Last	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1 st Child:														
2nd Child:														
3rd Child:														
4th Child:														
Parent initial each day.														
					•	•	•	•			•			•
Child's Name		/		/		/		/		/		/		/
First / Last	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1 st Child:														
2nd Child:														
3rd Child:														
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