

Attendance sheets are not considered *received* until they are date stamped as received by a 4Cs agency representative. Las Hojas de Asistencia, no se consideran recibidas, hasta que un representante de 4Cs, les ponga el sello con la fecha de recibidas.

4Cs VOUCHER PROGRAM	MONTH/YEAR <Mes/Año>	AGE <Edad>	CHILD ID	CHILD'S FIRST & LAST NAME <Nombre y Apellido Del Niño/a>
	PARENT'S NAME <Nombre Del Padre>			PROVIDER NAME/SITE <Nombre Del Proveedor/a>

Date <Fecha>	Code <CODIGO>	Time In <Entrada>	Time Out <Salida>	Time In <Entrada>	Time Out <Salida>	Hours <Horas>	Shaded Areas for 4Cs Office Use Only <Areas oscuras solo para el uso de la oficina>		
Prior Period:						FT	PT		

1								
2								
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For 4Cs Office Use Only

Program Name: _____

Type of Care: FDCH CTR EX R/NR

Schedule Type: Pay Enrolled Actual Variable/RDO

Schedule:

Rates: FT: _____ PT: _____

FT: _____ PT: _____

Calculation:

_____ FT X \$ _____ = _____

_____ FT X \$ _____ = _____

_____ PT X \$ _____ = _____

_____ PT X \$ _____ = _____

_____ X \$ _____ = _____

Subtotal Provider Payment: \$ _____

Less Parent Fee:

_____ X \$ _____ = _____

Total 4Cs Provider Payment: \$ _____

Notes:

Please make and keep a copy for your records - Por favor haga y retenga una copia para usted.

I certify under penalty of perjury that to the best of my knowledge the information contained on this sheet is true and correct.

PARENT ORIGINAL LEGAL SIGNATURE: _____ **DATE:** _____

PROVIDER ORIGINAL LEGAL SIGNATURE: _____ **DATE:** _____