CHILD CARE ATTENDANCE SHEET

*** *Parents must sign **daily*** AM and PM

*** *Completed original required for payment*

*** *Keep copies of bills and attendance sheets for your records*

Provider_____

Case Name_____

Case #_____

*** By signing parent is documenting that child care was used for times authorized by Coshocton County Job and Family Services for hours of employment or training with allowances for travel time and other circumstances approved by the CDJFS.

DATE	CHILD=S NAME	TIME IN	PARENT SIGNATURE	TIME OUT	PARENT SIGNATURE