Month:_____

CCSA Child Care Scholarship
Monthly Attendance Worksheet

Facility Name:_____
Facility Phone:_____ License ID: _____

Child's Name	# Days Present	# Days Absent	# Days Closed	Total # Days	Reason Absent	Parent Fee Assigned	Amt Collected (if different)

Comments: Please use this space to communicate about excessive absences, past due parent fees, exits or notice of service termination from families, reasons for facility closures, or any issue requiring our attention.

Attendance Submission:

- Please **SCAN** and **E-MAIL** to scholarship@childcareservices.org; **FAX** to **919-403-6959**, Attn: Scholarship; or **MAIL** to or **DROP OFF** at the front desk at 1201 S. Briggs Ave., in Durham or 1829 E. Franklin St., Bldg 1000 in Chapel Hill
- All attendance worksheets must be received by the due date on the Attendance Worksheet Due Date Calendar, and signature is required for reimbursement.
- Use the "Amt Collected (if different)" block to indicate the total parent fee you collected if it is different than the amount recorded in the "Parent Fee Assigned" block. Please do not include overage (amount of tuition beyond reimbursement) when reporting the amount you collected.

By signing below, I attest to the following and confirm that I am authorized to do so:

- The information provided on this form accurately reflects attendance for the children listed.
- The above named facility is in compliance with the Scholarship Program's General Provider Agreement and Licensure & Regulatory Compliance Policies, including having notified the Scholarship program of any child maltreatment investigation open at the facility.

_____ _____

Signature of Scholarship Agent Date