Chemung County Subsidy Program

Child Billing Attendance

Child's Name _____ DOB_____ Coverage dates _____to_____

Parent/Guardian Name _____ Provider's Name _____

Day	Day		Time In	Time Out	Time In	Time Out	Parent/Guardian Signature Attest to Days and Times
1	16	( ) Absent ( ) Health Check					
2	17	( ) Absent ( ) Health Check					
3	18	( ) Absent ( ) Health Check					
4	19	( ) Absent ( ) Health Check					
5	20	( ) Absent ( ) Health Check					
6	21	( ) Absent ( ) Health Check					
7	22	( ) Absent ( ) Health Check					
8	23	( ) Absent ( ) Health Check					
9	24	( ) Absent ( ) Health Check					
10	25	( ) Absent ( ) Health Check					
11	26	( ) Absent ( ) Health Check					
12	27	( ) Absent ( ) Health Check					
13	28	( ) Absent ( ) Health Check					
14	29	( ) Absent ( ) Health Check					
15	30	( ) Absent ( ) Health Check					
	31	( ) Absent ( ) Health Check					

I declare under penalty of perjury that the above information is true and correct, and that child care was provided the dates and times that the parent signed the child in and out each day. I understand that I may be required to repay funds that I received due to false or incorrect claims and that I may be prosecuted for fraud. I declare that the times listed are the same times submitted for payment in the CCTA system.

_____

Provider Signature Date