Chemung County Subsidy Program

Child Billing Attendance for LE Providers

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					
2	17					
3	18					
4	19					
5	20					
6	21					
7	22					
8	23					
9	24					
10	25					
11	26					
12	27					
13	28					
14	29					
15	30					
	31					

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