

**Chemung County CCAP Program
Child Billing Attendance for LE Providers**

Child's Name: _____ DOB: _____ Coverage Dates: _____ to _____

Parent/Guardian Name _____ Provider's Name _____

Day	Time In	Time Out	Time In	Time Out	Notes	Parent/Guardian Signature Attesting to date and time *Subject to warning below
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

The Child Care Council will accept submissions of this form via email to subsidybills@chemchildcare.com

I declare under penalty of perjury that the above information is true and correct, and that the child care was provided for the dates and times documented above each day.

Parent Signature: _____ Date: _____

****WARNING: PURSUANT TO SECTION 175-35 OF THE PENAL LAW, A PERSON WHO INTENDS TO DEFRAUD THE STATE OR ANY POLITICAL SUBDIVISION THEREOF BY OFFERING OR PRESENTING A WRITTEN INSTRUMENT WHICH HE OR SHE KNOWS CONTAINS A FALSE STATEMENT OR FALSE INFORMATION TO A PUBLIC OFFICE WILL BE FILED WITH, REGISTERED OR RECORDED IN OR OTHERWISE BECOME A PART OF THE RECORDS OF SUCH PUBLIC OFFICE OR PUBLIC SERVANT, IS GUILTY OF A CLASS "E" FELONY CARRYING A POSSIBLE SENTENCE OF 4 YEARS IN PRISON, A \$5,000 FINE, OR BOTH.***