

Early Years Child Care Scholarship Monthly Attendance Worksheet

Facility Name: _____

Signature of Scholarship Agent

Date

Facility Phone: _____ License ID: _____

Month: _____ Year: _____

Child's Name	Care Start	Care End	Start/End Date (if different)	# Days Present	# Days Absent	# Days Closed	Total Days	Reason Absent	Parent Fee Unpaid (check)
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

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@earlyyearsnc.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.

With my signature above, 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.