SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North – Fairfield, CA 94534-4019 – (707) 863-3950/642-5148 – Fax: (707) 863-3975

Provider's Name: _____ Month Services Were Provided: _____

Parent's Name: _____ Child's Name: _____

Please remember to include AM & PM on in/out times.

DATE	TIME IN	PARENT'S FULL SIGNATURE	FOR CHILDREN WHO GO TO SCHOOL OR HAVE A SPLIT SCHEDULE: TIME OUT	PROVIDER'S INITIALS	TIME IN	PROVIDER'S INITIALS	TIME OUT	PARENT'S FULL SIGNATURE	For SFCS Use Only: TOTAL HOURS

All Parents: I certify that the hours of attendance (including SFCS observed holidays) as stated above are true and accurate and that child care was necessary for the purpose specified during my last certification of eligibility and in my absence, other signatures appearing on this Attendance Form are those of persons I authorized to take my child to and from the child care facility. I certify that I have reported all changes in my income, employment, training, family size or other eligibility/need during the month listed above to my assigned Family Services Specialist. I **further** certify under penalty of perjury and the laws of the state of California that the above statements are true and correct to the best of my knowledge.

Parent's FULL Signature: _____ **Date Signed:** _____

Child Care Providers: I certify that I provided the child care services stated above. I have claimed ALL child care hours provided by me at the address on file with SFCS with the understanding that SFCS will ONLY pay for the approved child care hours. I certify that I operated within compliance of all subsidized child care program regulations and SFCS Licensed/License-Exempt/TrustLine Provider Policies (as the apply to my type of care) while providing child care services during the month listed above. I understand that if I am found to be over capacity, a negative adjustment to my payment will be made by SFCS and that SFCS may terminate some or all of my Child Care Certificates. I **further** certify under penalty of perjury and the laws of the state of California that the above statements are true and correct to the best of my knowledge.

Provider's FULL Signature: _____ **Date Signed:** _____

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