Date Received by MC3

Child Care Attendance Record

MC3 Use Only

	Marin Child Care Council 1600 Los Gamos Dr. # 365, San Rafael, CA 9490 415.472.1092					_	
Month			Year	Child's Na	me:		
Child Care Provider: Address: City/State/zip:				Date of Birth:			
	Type of Care	e (circle one) Cei	nter Licensed Far	nily CC Exempt	t (friend/relative	?)	
BEFORE submitti	ng. Attendance Re	cords are due by t	nch day (do not pre-independent) he 5 th of the month indicate the reason for onsecutive unexcused	following care. We or the absence (ie: p	must receive origir parent/child sick, n	nals, not copies or f nedical appt., famil	axes. Each vacation,
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
							Intel
							IVIII)
care provided d	uring the month of	or it will be consider the perium of	pvider must sign thing the level incomplete. y under the laws of ct and complete and	the United States d that the provide	and the state of C r named on this fo	California that the	facts child care.
Parent Signature Provider Signature			Date	Please ind		due or attach i	
Full Time Mo Full Time Wo Daily Rate \$	Factor	Comm	ks \$ Part Hou			_/ month # of wks \$_ ours \$	CM:
Total Due to Pro	ovider	Family Fe	eTo	tal to be paid by I	VIC3		