



Barstow Community College

Child Care Attendance Sheet

Month: _____

Year: _____

Please check your Child Care Program
EOPS _____ CARE _____ NextUp _____

Student Name: _____ Student ID: _____

Phone: _____ Date of Birth: _____

Child Care Provider Name: _____

Have you changed your Child Care Provider since last month? Yes No

Child(ren)'s Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Note:

- Attendance Sheets are **due the 25th of each month**. Late attendance sheets will NOT be accepted (at the discretion of program staff). The student is responsible for any unpaid hours.
- **A change in Child Care Providers requires all new paperwork**. An address change for the Child Care Provider requires a new W-9.
- Payment is subject to change according to budget and/or student population. Student acknowledges that payment for all Child Care is his or her responsibility. Barstow Community College only provides an allowance to assist eligible students in paying for Child Care services.
- Please complete time sheets in half hour and hour increments. Please do not use Military time.
- Do not submit times for holidays and/or campus closures. BCC does not provide payment when campus is closed.

Date_____ Hours_____	Date_____ Hours_____	Date_____ Hours_____
Date_____ Hours_____	Date_____ Hours_____	Date_____ Hours_____
Date_____ Hours_____	Date_____ Hours_____	Date_____ Hours_____
Date_____ Hours_____	Date_____ Hours_____	Date_____ Hours_____
Date_____ Hours_____	Date_____ Hours_____	Date_____ Hours_____

Date_____ Hours_____	Date_____ Hours_____	
Date_____ Hours_____	Date_____ Hours_____	
Date_____ Hours_____	Date_____ Hours_____	
Date_____ Hours_____	Date_____ Hours_____	
Date_____ Hours_____	Date_____ Hours_____	Total Hours _____

Attention Child Care Providers: Attendance sheets are **due the 25th of each month**. Make sure they are signed and dated. If not submitted in on time it will not be processed. Child Care payments will be mailed directly to the address you have provided. The Barstow Community College EOPS/CARE and NextUp Programs are not responsible for any unpaid debts left by your client. ***Staff will NOT disclose any information with childcare provider. Communication will be via staff and student.***

Child Care Provider Signature: _____ Date: _____

Student Signature: _____ Date: _____