

Barstow Community College

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Child (Care 1	Attend	ance	Sheet

Please check your Child Care Program

Month:	
Year:	

Student Na	ame:		Student ID:			
Phone:		Date of Birth:				
	e Provider Name:					
	changed your Child Car				No 🗆	
-		re Provider since				
Child(ren)'s Name			Date of Birth — — — — — — — — — — — — — — — — — — —			
Please Not	te:					
	endance Sheets are <u>due the 2</u> f).The student is responsible			sheets will N	OT be accepted (at t	he discretion of program
• A c	hange in Child Care Provide 9.	ers requires all new pa	perwork. An a	ddress chang	ge for the Child Care	Provider requires a new
Chi • Plea	re is his or her responsibility. Id Care services. ase complete time sheets in one of the submit times for holiday	half hour and hour in	crements. Pleas	se do not use	Military time.	
Data	Нолие	Data	Ца		Data	Наше
	Hours Hours		Ho Ho			Hours Hours
	Hours		Ho Ho			Hours
	Hours		Ho			Hours
	Hours		Но			Hours
Date	Hours	Date	Но	urs		
	Hours	_	Ho			
	Hours		Ho			
	Hours		Но			
	Hours	Date	Ho	urs	Total Hours	
in on time it Community	ild Care Providers: Attendan will not be processed. Child College EOPS/CARE/Next OT disclose any information	l Care payments will b Up and CalWORKs	oe mailed direct Programs are n	ly to the add ot responsibl	ress you have provide le for any unpaid deb	ed. The Barstow
Child Care Provider Signature:					Date:	
Student Signature:					Date:	