



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

Provider Name
Provider Vendor Number
Provider Telephone Number

Instructions: Please list the parent or designee's name and address in the top lines as labeled. List the child's name in the first column. If there is another child in this family unit for which you provide care, list the other child in the remaining column. Use only one column per child. Use another Child Attendance Record form for additional children in this same family unit. **THE PARENT/DESIGNEE RECORDS THE CHILD'S TIME IN AND OUT OF YOUR FACILITY ON A DAILY BASIS. YOU AND THE PARENT/DESIGNEE MUST SIGN THIS FORM PRIOR TO SUBMITTING IT TO FSD/CD.** The parent/designee's initials are required daily. The parent/designee signature and your signature are required on each form monthly. Staple these attendance records to your invoice when submitting to FSD/CD for payment. Please include your name or business name, your provider number and phone number of the top of each form.

Parent or Designee Name	Parent Social Security Number
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Parent or Designee Address

Parent or Designee Telephone Number

MONTH/YEAR	Child #1 (First Name, Last Name)				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE	Child 2# (First Name, Last Name)				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE
	DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM – SCHOOL AGE ONLY	TIME CARE BEGAN PM – SCHOOL AGE ONLY		TIME CARE ENDED AM OR PM	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM – SCHOOL AGE ONLY	TIME CARE BEGAN PM – SCHOOL AGE ONLY	
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I certify that the hours and days of care listed above were provided to the above named child/ren.

Parent/Designee Signature	Child Care Provider Signature
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Provider: Use this form to track times and days of care on a daily basis. This form is designed to assist you in completing your monthly invoice from FSD/CD. Attach this form to your completed invoice and return it to the FSD/CD office listed at the top of your invoice. You are required to keep a copy of this form for your records and to make it available for review for five (5) years.