County: WELD additional forms at www.weldgov.com

## **Child Care Attendance Record and Billing Form**

| Month | / Year: |  |
|-------|---------|--|
|       |         |  |

| Provider Legal Name:   |      |             |                   |    |     |      |      |  |   |   |   |    | ofof |                         |                                |    |    |     |        |   |      |   |                                     |    |    |    |    |               |       |                 |           |                   |                     |       |                 |           |                   |  |       |
|--|------|-------------|-------------------|----|-----|------|------|--|---|---|---|----|------|-------------------------|--------------------------------|----|----|-----|--------|---|------|---|-------------------------------------|----|----|----|----|---------------|-------|-----------------|-----------|-------------------|---------------------|-------|-----------------|-----------|-------------------|--|-------|
| Address:   |      |             | City, State, ZIP: |    |     |      |      |  |   |   |   |    |      | Provider ID / License # |                                |    |    |     |        |   |      |   |                                     |    |    |    |    |               |       |                 |           |                   |                     |       |                 |           |                   |  |       |
| Acceptable Billing Codes: F - Full Time List Each Child Alphabetically |      |             |                   |    |     |      | (>5  | >5:01 hrs) P - Part Time (<5.00 hrs) D - Dif |   |   |   |    |      |                         |                                |    |    |     | fer    | enc   | e iı | n Ra  | ate                                 |    |    |    |    | Total         |       | Kate Per<br>Day | Sub Total | Parent<br>Fee V/N |                     | Total |                 |           |                   |  |       |
| PRINT Child's Legal Nar<br>Last Name, First Name,                      | me - |             |                   | 3  | 4   | 5    | 6    | 7  | 8   | 9 | 10  | 11 | 12   | 13                      | 14                             | 15 | 16 | 17  | 18     | 19  | 20   | 21  | 22                                  | 23 | 24 | 25 | 26 | 27            | 28    | 29              | 30        | 31                |                     |       |                 | <u> </u>  |                   |  |       |
| Case #   | Age  | Age         | e Grou            | ир | Fun | d So | urce | No   | otes  |   |   |    |      |                         |                                |    |    |     |        |   |      |   |                                     |    |    |    |    |               |       |                 |           |                   |                     |       |                 |           |                   |  |       |
|  |      |             |                   |    |     |      |      |  |   |   |   |    |      |                         |                                |    |    |     |        |   |      |   |                                     |    |    |    |    | Total<br>Days | odan. | Rate Per<br>Day | Sub Total | Parent<br>Fee V/N |                     | Total |                 |           |                   |  |       |
| PRINT Child's Legal Nar<br>Last Name, First Name,                      |      | 1           | 2                 | 3  | 4   | 5    | 6    | 7  | 8   | 9 | 10  | 11 | 12   | 13                      | 14                             | 15 | 16 | 17  | 18     | 19  | 20   | 21  | 22                                  | 23 | 24 | 25 | 26 | 27            | 28    | 29              | 30        | 31                |                     |       |                 |           |                   |  |       |
| Case #   | Age  | Age         | e Grou            | nb | Fun | d So | urce | Notes Notes                                  |   |   |   |    |      |                         |                                |    |    |     |        |   |      |   |                                     |    |    |    |    |               |       |                 |           |                   |                     |       |                 |           |                   |  |       |
|  |      |             |                   |    |     |      |      |  |   |   |   |    |      |                         |                                |    |    |     |        |   |      |   |                                     |    |    |    |    |               |       |                 |           |                   | Total<br>Days       | 24    | Rate Per<br>Day | Sub Total | Parent<br>Fee V/N |  | Total |
| PRINT Child's Legal Nar<br>Last Name, First Name,                      |      | 1 2 3 4 5 6 |                   |    |     |      |      | 7  | 8   | 9 | 10  | 11 | 12   | 13                      | 14                             | 15 | 16 | 17  | 18     | 19  | 20   | 21  | 22                                  | 23 | 24 | 25 | 26 | 27            | 28    | 29              | 30        | 31                |                     |       |                 |           |                   |  |       |
| Case #   | Age  | Age         | e Grou            | up | Fun | d So | urce | No   | Notes   |   |   |    |      |                         |                                |    |    |     |        |   |      |   |                                     |    |    |    |    |               |       |                 |           |                   |                     |       |                 |           |                   |  |       |
| PROVIDER MUST SUBMIT A PARENT AND PROVIDER SIGNED SIGN IN / OUT        |      |             |                   |    |     |      |      |  |   |   | OUT SHEET FOR HOURS BILLED FOR EACH CHILD FOR THE MONTH BILLED BE |    |      |                         |                                |    |    |     |        |   |      | BEFO  | EFORE THE PAYMENT CAN BE PROCESSED. |    |    |    |    |               |       |                 |           |                   | Г                   | TOTAL |                 |           | \$                |  |       |
| Provider Signature  Phone Number                                       |      |             |                   |    |     |      |      |  | Date  |   |   |    |      |                         | Fiscal Office 315 N. 11th Ave. |    |    |     |        |   |      | I certify the Child Care Claim Form is accurate and complete for care provided and for which payment has not been received thru the approved method.  Marking "Y" (yes) shows the parent has paid the parent fee or made payment arrangment to pay the parental payment for this claim. |                                     |    |    |    |    |               |       |                 |           | nt                | Sub-payment Auth ID |       |                 |           |                   |  |       |
| PRINT E-mail address   |      |             |                   |    |     |      |      | •  | Greeley, CO 80631<br>970-400-6536 or 970-400-<br>6570 |   |   |    |      |                         |                                |    |    | Mar | king ' | the parental payment for this claim.<br>g "N" (no ) shows non-payment of the parental fee and this will make the parent<br>le for child care until the parental fee has been paid |      |   |                                     |    |    |    |    |               |       |                 |           |                   |                     |       |                 |           |                   |  |       |