

**Monroe County Department of Human Services**

Check One:  Group Licensed Day Care

Reviewed By

P.O. Box 23440 Rochester, New York 14692

Registered Family

Day Care Attendance Voucher

Center Care

Informal Care

Provider: Name _____ Street _____ City: _____ ZIP _____ Phone # _____ Vendor # _____	Month of Service _____ Parent Fee _____ per week Special Charges (must be pre-approved by worker) _____ _____ _____	Parent Name _____ Street _____ City: _____ ZIP _____ Case # _____ Worker Name _____ Worker Phone _____
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**Enter the time each child arrives/departs for each day that care is provided. Enter an A if the child was scheduled but absent. Overtime must be pre-approved for over 11 hours. Note: Enter only one child's name in each block.**

Childs name									Date of Birth							
Day	1		2		3		4		5		6		7		8	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Arrive																
Depart																
Day	9		10		11		12		13		14		15		16	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Arrive																
Depart																
Day	17		18		19		20		21		22		23		24	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Arrive																
Depart																
Day	25		26		27		28		29		30		31			
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
Arrive																
Depart																

Childs name									Date of Birth							
Day	1		2		3		4		5		6		7		8	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Arrive																
Depart																
Day	9		10		11		12		13		14		15		16	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Arrive																
Depart																
Day	17		18		19		20		21		22		23		24	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Arrive																
Depart																
Day	25		26		27		28		29		30		31			
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
Arrive																
Depart																

Pursuant to the provisions of Section 369 of the County Law of the State of new York, I do hereby certify that the labor of services charged in the within account or claim have been actually performed for the County on behalf of a recipient(s); that the items and specifications therein are correct; that the prices charged therefore are reasonable and just; that no perquisite, commissions or allowances of any kind, other than as stated in the said account, have been or will be paid directly or indirectly, in consideration of the procurement of said articles or services; and that the said item or items contained in this bill or claim have not been, either in whole or any part, paid or satisfied and that the full amount is now justly due and that no part thereof has heretofore been presented for audit of payment.

Claimant Signature

Date

Parent Signature

Date