



KVC Behavioral HealthCare Daily Attendance Record

Month: _____

Year: _____

Daycare Provider Name: _____ Provider Address: _____

- Registered Other (Specify) _____ Provider Phone #: _____
 Licensed
 Child Care Center Address Change

Child's Name: _____ Parent/Guardian (Signature): _____

Hourly Rate: \$ _____

TOTAL HOURS: _____

DATE	TIME IN		TIME OUT		# HOURS	DATE	TIME IN		TIME OUT		# HOURS
	In 1	In 2	Out 1	Out 2			In 1	In 2	Out 1	Out 2	
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16											

For each day a child receives Daycare please have the Parent/Guardian complete the Daily Attendance Record. Form should be filled out completely. Parent/Guardian must sign completed form after services have been rendered.

*** DUE BY 5th DAY OF FOLLOWING MONTH: DO NOT MAIL BEFORE END OF CURRENT MONTH**

CHECKS ARE MAILED THE 15th OF THE MONTH

Mail To: KVC Behavioral HealthCare
Accounting Services
21350 West 153rd Street
Olathe, Kansas 66061

NO FAXES ACCEPTED