

WYANDOTTE NATION CHILD CARE DEVELOPMENT FUND SERVICE

ATTENDANCE CLAIM FORM

Child's Name:	Date of Birth:
Guardian's Name:	Age in Months:
Address:	Name of Provider:
City, State, Zip:	Address:
Child Approval: Full / Part <i>(See approval letter. Please circle one or both when applicable)</i>	City, State, Zip:

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian:

Signature of Provider:

Fill in appropriate abbreviation for each day the child is/is not in attendance at your facility.
Approved days will be based off Approval Letter.

(P) Present	(ABS) Absent Day	(HD) Holiday
(PSC) Present, school closed – School Age Only		(PC) Provider Closed

******Attendance times not required. Abbreviations ONLY******

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SCHOOL AGE CHILDREN:

- Throughout the school year, all school age children will be approved for part day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for full day.
- Wyandotte Nation does not pay for Holidays or Provider Closed days.

To be eligible for a full month payment, the child must be in attendance 10 days or more.

Claim forms can be emailed to:
ccdf@wyandotte-nation.org

Please put the name of your facility, the month and year in the subject box.

Or mailed to:
Wyandotte Nation CCDF
64700 E. Hwy 60

Revised 01/17/2020

For the Month of:

Year:

***** FOR OFFICE USE ONLY *****						
Full Day		X		Per Day	=	
Part Day		X		Per Day	=	
Star Rating:			Total Monthly Charges			
			Less Co-pay			
			ADJ Total DUE			