

# Kern Co. Superintendent of Schools September Attendance Log Must Be Received by: 10/1/2024

Mail To: 1300 - 17th  
Street Bakersfield CA  
93301

September 2024

Review month and year of log

Stop Date: ValleyOak Specialist:

Phone:

Review child's name, DOB, and parents name.

Reg. PT:	RegPartTim	Fixed:		<b>Child</b>			
Reg. FT:	RegFullTim	Other:	Variable Schedule	Child ID: 1234	Age: ChildAge	DOB:	
Vac. PT:	VacPartTim		<input type="checkbox"/>	Child: Child name			
Vac. FT:	VacFullTim			Parent: Parent name	Fam ID: 1234		

	SUN	MON	TUES	WED	THU	FRI
Regular Schedule		8:00AM to 5:00 PM	8:00 AM to 5:00 PM	8:00 AM to 5:00 PM	8:00 AM to 5:00 PM	8:00AM to 5:00 PM
Vacation Schedule						

Review parent's schedule for accuracy.

**Provider Information:** NAME: Child care provider's name Phone: Child care provider phone number  
 ADDRESS: Child care provider address Prov ID #: \_\_\_\_\_  
 CITY, STATE, ZIP: Child care provider city and zip code Provider Type: \_\_\_\_\_

Review child care information

### Schedule Memo

DATE	Time In	Time Out	Time In	Time Out	Reason for Absence	OFFICE USE
9/1/2024 Sun						
9/2/2024 Mon	8:10 AM			4:50 PM		
9/3/2024 Tue						
9/4/2024 Wed						
9/5/2024 Thu	7:55 AM			5:01 PM		
9/6/2024 Fri	8:01 AM			4:59 PM		
9/7/2024 Sat						
9/8/2024 Sun						
9/9/2024 Mon	6:24 AM	8:10 AM			Before school child care only	
9/10/2024 Tue	8:03 AM			4:16 PM	All day child care.	
9/11/2024 Wed			2:15 PM	5:32 PM	After school child care only.	
9/12/2024 Thu	7:36 AM	8:45 AM	3:01 PM	5:21 PM	Before and after school child care.	
9/13/2024 Fri						
9/14/2024 Sat						
9/15/2024 Sun						
9/16/2024 Mon						
9/17/2024 Tue						
9/18/2024 Wed						
9/19/2024 Thu						
9/20/2024 Fri						
9/21/2024 Sat						
9/22/2024 Sun						
9/23/2024 Mon						
9/24/2024 Tue						
9/25/2024 Wed						
9/26/2024 Thu						
9/27/2024 Fri						
9/28/2024 Sat						
9/29/2024 Sun						
9/30/2024 Mon						

Write in child's exact time in and time out daily.

Enter school-age child's exact time in and out daily.

Before school child care only  
All day child care.  
After school child care only.  
Before and after school child care.

Parent and provider signature and date required

### PARENTS AND PROVIDERS: I AM MAKING A MONTHLY DECLARATION

I declare under penalty of perjury that the above information is true and correct. I understand that I may be prosecuted for fraud, if so determined. This information was provided at the above location by the provider named above, and I am requested to repay any overpayment resulting from false or incorrect information.

**Providers: Make a copy for your records.**

Parent signature \_\_\_\_\_ Date \_\_\_\_\_ Provider signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_