

Nature Alliance Family Day Care Service

Attendance Record and Receipt

Service CCMS Approval ID:1-VVKE02 Service ABN: 51 510 840 551
 PO Box 505 Dunsborough WA 6281

Educator Name:	Parent Name:	Childs Name:	DOB:
Educator Address:	Parent ID:	Childs ID:	Enrolment ID:
Educator ABN:	No. Chn attending other Service:	Eligible/Nominated Hrs:	CCB%:

Perm or Temp Change

W/E:	Contracted Hours				Actual Hours							Hrs Paid		Authorised Signature
	Arrive	Depart	Arrive	Depart	Arrive	Initial	Depart	Initial	Arrive	Initial	Depart	Stn Hrs	Stn Non	
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
Sunday														

W/E:	Contracted Hours				Actual Hours							Hrs Paid		Authorised Signature
	Arrive	Depart	Arrive	Depart	Arrive	Initial	Depart	Initial	Arrive	Initial	Depart	Stn Hrs	Stn Non	
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
Sunday														

Total Care Cost	\$
+Levy	\$
-CCB	\$
-CCR	\$
-Other Subsidy	\$
Parent Payment	\$
Other Payment	

Total Care Cost	\$
+Levy	\$
-CCB	\$
-CCR	\$
-Other Subsidy	\$
Parent Payment	\$
Other Payment	

Receipt: **24 Hour Care:** **Allowable Absences** **I certify that all information contained on this attendance record is true and correct**

Balance C/F \$ _____ Number C/F _____ Number C/F _____

Received \$ _____ Number T/F _____ Number T/F _____

Balance +/- \$ _____ Year Total _____ Total _____

Parent Signature _____ Educator Signature _____

Notes: