

ARKANSAS DEPARTMENT OF EDUCATION  
CHILD CARE AND DEVELOPMENT FUND (CCDF) PROGRAM PARTICIPANT AGREEMENT

**DAILY CHILD ATTENDANCE FORM**

Facility Name \_\_\_\_\_ Facility Number \_\_\_\_\_ Date of Service \_\_\_\_\_

**Parent/Guardian/Authorized Representative Certification of Attendance:** By my signature below, I declare under penalty of perjury that the information is true and that my child was provided services at the above location and on the days and times listed below. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

Child's Name	Time In	Parent Signature**	Time Out	Parent Signature**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Provider Certification:** I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

\_\_\_\_\_  
Director/Owner Signature

\_\_\_\_\_  
Date

\*\*Parent signature is required as disclosed in the CCDF agreement for payment of vouchers.