

QUARTZ VALLEY INDIAN RESERVATION CHILD CARE AND DEVELOPMENT PROGRAM  
SIGN-IN AND OUT TIME VOUCHER FOR IN-HOME/FAMILY CARE CHILD CARE PROVIDERS

Provider's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's D.O.B: \_\_\_\_\_  
 Place of Care (Center/Family/Home/Relative): \_\_\_\_\_ Physical Address: \_\_\_\_\_  
 Month and Year, Care was provided: *Jan. - Feb. - Mar. - Apr. - May - Jun. - Jul. - Aug. - Sept. - Oct. - Nov. - Dec.* Year: \_\_\_\_\_

| DATE        | IN<br>am | OUT<br>am | IN<br>pm | OUT<br>pm | SIGNATURE | HRS | CCDF Staff<br>Initials | For Office Use Only             |  |
|-------------|----------|-----------|----------|-----------|-----------|-----|------------------------|---------------------------------|--|
|             |          |           |          |           |           |     |                        | Date Received<br>____/____/____ |  |
| 16          |          |           |          |           |           |     |                        |                                 |  |
| 17          |          |           |          |           |           |     |                        |                                 |  |
| 18          |          |           |          |           |           |     |                        |                                 |  |
| 19          |          |           |          |           |           |     |                        |                                 |  |
| 20          |          |           |          |           |           |     |                        |                                 |  |
| 21          |          |           |          |           |           |     |                        |                                 |  |
| 22          |          |           |          |           |           |     |                        |                                 |  |
| 23          |          |           |          |           |           |     |                        |                                 |  |
| 24          |          |           |          |           |           |     |                        |                                 |  |
| 25          |          |           |          |           |           |     |                        |                                 |  |
| 26          |          |           |          |           |           |     |                        |                                 |  |
| 27          |          |           |          |           |           |     |                        |                                 |  |
| 28          |          |           |          |           |           |     |                        |                                 |  |
| 29          |          |           |          |           |           |     |                        |                                 |  |
| 30          |          |           |          |           |           |     |                        |                                 |  |
| 31          |          |           |          |           |           |     |                        |                                 |  |
| Total Hours |          |           |          |           |           |     |                        |                                 |  |

Approved Hours: \_\_\_\_\_ Total Hours: \_\_\_\_\_  
 Part-time Hourly Rate: \$ \_\_\_\_\_ (under six Hours)  
 Full-Time Day Rate: \$ \_\_\_\_\_ (6-10 hours)  
 Note: Anything over 10 hours will receive hourly rate – no day shall exceed 16 hours  
 Hourly Rate \$ \_\_\_\_\_ X \_\_\_\_\_ hr(s) = \$ \_\_\_\_\_  
 Day Rate: \$ \_\_\_\_\_ X \_\_\_\_\_ day(s) = \$ \_\_\_\_\_  
 Day Rate: \$ \_\_\_\_\_ X \_\_\_\_\_ Holiday = \$ \_\_\_\_\_  
 Health/Safety Class Stipend: \$ \_\_\_\_\_  
 Full Payment: \$ \_\_\_\_\_  
 Bi-Monthly Co-Payment: \$ \_\_\_\_\_ (only 1 child charged)  
 Total to be paid by QVIR CCDF: \$ \_\_\_\_\_

**We Certify: (1) The parent will pay the remaining portion of the fee for service provided; (2) this information is correct; (3) Child Care was provided for the purpose specified during enrollment; (4) we understand the QVIR CCDF program will only pay for the agreed upon hours of attendance; and (5) the Recipient (Parent/Legal Guardian) is the employer of the Provider.**

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_