

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 am	OUT am	IN pm	OUT pm	SIGNATURE	HRS	CCDF Staff Initials	For Office Use Only	
1								Date Received ____/____/____	
2								Approved Hours: _____ Total Hours: _____	
3								Part-time Hourly Rate: \$ _____ (under six Hours)	
4								Full-Time Day Rate: \$ _____ (6-10 hours)	
5								Note: Anything over 10 hours will receive hourly rate – no day shall exceed 16 hours	
6								Hourly Rate \$ _____ X _____ hr(s) = \$ _____	
7								Day Rate: \$ _____ X _____ day(s) = \$ _____	
8								Day Rate: \$ _____ X _____ Holiday = \$ _____	
9								Health/Safety Class Stipend: Description & Date \$ _____	
10								Full Payment: \$ _____	
11								Bi-Monthly Co-Payment: \$ _____ (only 1 child charged)	
12								Total to be paid by QVIR CCDF: \$ _____	
13									
14									
15									
Total Hours									

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: _____