

**Childcare Subsidy Program
Attendance and Reimbursement Sheet**

Please complete the following information for **each child** participating in the subsidy program. Forms are due at the end of each month, at which time a reimbursement check will be processed and sent to you with a summary of the funds remaining for each participating child.

Program Name: _____

Child's Name: _____

Attendance Record: Please write the date and draw a line through the days the child above attended your program this month.

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Cost this Month: _____

Total Family Co-Payment this Month: _____

Total Subsidy Payment this Month (Total Cost minus Family Co-Payment):

Signature by Authorized Administrator: _____

Please send the completed form for each participating child to:

Carol Bergen

Bailey Boyd Associates

508-430-4499 x5

fax: 508-430-4498

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P.O. Box 636

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