



CHILD CARE SERVICES
PARENT AGREEMENT TO REPORT
CHILD CARE ATTENDANCE

TWIST #: \_\_\_\_\_

As a requirement for my child to receive Child Care Services, I understand and agree to the following:

I understand and agree to the following attendance standards:

- I will ensure that my child attends child care on a regular basis. My child must meet monthly attendance standards for Child Care Services, which consist of fewer than:
o Five (5) consecutive absences during the month and/or ten (10) total absences during the month
I understand that failure to meet monthly attendance standards may:
o Result in suspension of care, at my option;
o Result in a finding that a change in my work/training schedule has occurred and care may be ended.
I understand that failure to record attendance (non-swipes) will be counted as absences.
I understand that if my child exceeds forty (40) total absences during their current 12-month eligibility period, CCS may initiate the termination process. Also, my child must wait (60) calendar days from the termination date before being placed onto the waitlist or reapplying for services.

I understand and agree to the following attendance reporting requirements:

- I will use attendance card to report attendance and absences.
I will report to my provider any issues encountered with card use.
I understand a failure to report issues may result in absences.
I understand no one under 16 can be designated a cardholder unless they are the parent of the child.
I understand an owner, assistant director, or director of my child care facility cannot be a secondary cardholder.
I understand a secondary cardholder cannot misuse the attendance card, and must understand and comply with the responsibilities of attendance card usage.
I will not share my personal identification number (PIN) or attendance card with another person, including the child care provider.
I understand that failure to meet the provider's established policy regarding attendance may result in the provider ending the child's enrollment at the facility.
I understand that absences due to a child's documented chronic illness, disability, or court ordered visitation are not counted in the number of absences allowed with proper documentation provided.

I understand that if I knowingly provide false information or fail to disclose a material fact to make myself appear eligible for Child Care Services I may have to repay the child care program for services received fraudulently and that criminal charges may be filed against me with the local prosecuting authority. By signing this form, I understand that: (1) a person who obtains or attempts to obtain, by fraudulent means, services to which the person is not entitled may be prosecuted under applicable state and federal laws, (2) I am applying for services from Lower Rio Grande Valley Workforce Development Board and all information on this application represents a complete and accurate statement of my work, education or training hours; household income; and family size at the time of submission.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

