

Return to:  
 CAPMC/Child Care APP  
 1225 Gill Ave  
 Madera, CA 93637  
 (559) 661-0779

Service Month:  
 Funding:

Parent ID: Child ID: Schedule:  
 Parent : Child: Age: DOB:

Type of Care: Provider ID:

Office notes:
---------------

--	--	--	--	--	--	--	--	--

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Other rates may apply
Regular Schedule								
Vacation Schedule								

**Child must be Timed -in at the time of arrival and Timed-out at the time of departure using actual times.**

DATE	Time In AM/PM	To be used for Split Schedules		Time Out AM/PM	Absence Reason	Office Use only
		Time/Out AM/PM	Time/In AM/PM			

Schedule Start Date Schedule Stop Date: Specialist:

I declare under penalty of perjury that the above information is true and that child care was provided at the above location, for the sole purpose for which child care was certified. I understand that I may have to repay any overpayment resulting from false or incorrect claims and that I may be prosecuted for fraud if so determined.

Parent Signature Date Provider Signature Date

Reimbursement Calculation Use Only (OFFICE USE)	
Rate Type @ Rate amount	_____ @ _____
	_____ @ _____
	_____ @ _____
Total Amount \$ _____	