

**SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND
ATTENDANCE CLAIM FORM (Effective Oct 1, 2024)**

Child's Name:	Date of Birth:	Attends School YES or NO
Guardian's Name:	Name of Provider:	
Address:	Address:	
City, State, Zip:	City, State, Zip:	

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian:

Signature of Provider:

Fill in appropriate abbreviation for each day the child is/is not in attendance at your facility.
Approved days will be based on Approval Notification letter.

(P) Present	(ABS) Absent Day	(PSC) Present School Closed- <i>for School Age Only</i>
(V) Virtual Learning	(H) Holiday	(CL) Provider Closed (must give reason)

******Attendance times not required. Abbreviations ONLY******

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- Throughout the school year, all school age children will be approved for Part Day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for Full Day.
- The following Holidays will be paid as a full day: Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve, Christmas Day & New Years Day.
- To receive full month payment the child must be in attendance 7 days at the facility.
- Provider will not be paid for days the facility is closed. Weather and unforeseen closures will be

Claim forms can be emailed to:
ccdf@shawnee-tribe.com

For the Month of: _____, 20_____

Please put the name of your facility, the month and year in the subject box.

Mailed to:
Shawnee Tribe CCDF
21 N Eight Tribes Trail, Suite A
Miami, OK 74354

***** FOR OFFICE USE ONLY *****						
Full Day		X		Per Day	=	
Part Day		X		Per Day	=	
Star Rating:			Total Monthly Charges			