

PARENT AGREEMENT TO REPORT CHILD CARE ATTENDANCE

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:
 - 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:
 - Result in suspension of care, at my option;
 - Result in a finding that a change in my work/training schedule has occurred and care may be ended.
- I understand that if a child exceeds sixty-five (65) total absences during their current 12-month eligibility period, then the child is not eligible for care at the next eligibility determination. Also, my child will not be eligible for the program for 12 months from the end of the most recent eligibility period.

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 card holder unless they are the parent of the child
- I understand an owner, assistant director, or director of my <u>child care</u> 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

Parent Name	Parent Signature	
Work Item Number:		

Equal opportunity employer/program

Auxiliary aids and services available upon request to individuals with disabilities

Relay Texas: 1-800-735-2989 (TDD) or 7-1-1 (Voice)