Las Vegas Urbai Child Care Subs 2470 N Decatur I 702-629-2561 F	idy Prog 3lvd Sui	ram te 150	, Las Vegas, NV 89 32	108	Service Month: Service Year:		☐ Bill Annual Fee☐ Bill Registration Fee
Child Care Enrollment Attendance Verification (EAV) Form							
PLEASE DO NOT USE WHITE OUT Provider Name: Provider Tax ID or SSN:							
Service Address:							
				City	Zip		Phone
Child Name:				Child DOB:		Child UPI : Child School Hours:	
Parent Name:				Child Traci	Child Track: Child		
DATE	Overnight	On Track	TIME IN	TIME OUT	TIME IN	TIME OUT	Parent Signature for Authorization of Discretionary Day
p. a							
Is the client's co-payment current? Yes No* If NO, balance due: \$							
* Please attach a record of monies owed by client The timesheet must be completed DAILY by the client or other authorized individual. If a client chooses to use a discretionary day, the client must sign in the space provided for that date. A separate timesheet must be completed for EACH child. Timesheets must be COMPLETED and SIGNED by both the CLIENT AND PROVIDER at the end of each month to receive payment. Timesheets are DUE in the office listed above by the end of the last business day of the month following the service period. Timesheets received after the last business day will be considered stale dated and need to be forwarded to the Child Care Cheif for approval. Adjustment to previous billings must be received within 60 days of month of service or will be considered as non payable. We, the undersigned, certify the accuracy of the information submitted and understand that this information may be audited by either the Division of Welfare and Supportive Services (DWSS) or The Urban League Child Care Subsidy Program, and that any overpaid benefits will be recovered.							
Parent Signature Date Provider Signature Date							

