



Weekend Claim Form Sign-In | Parent Signatures

Provider Name	<u>Ima Werking-Alott</u>	Provider ID	1234	Month/Year	January 2017
County	Hamilton	Weekend Dates	1/4, 1/5, 1/11, 1/12, 1/18, 1/19, 1/25, 1/26		

Please return this form two days after the last weekend day you provide care for the month

Date	Children's names	Time In	Time Out	Parent Signatures	Phone Numbers
1/4/17	<u>Kadaisana, Marcus, Tyrell, Simone</u>	8:30am	4:55pm	<u>Nita Carter</u>	work 309-3981 home 265-0411
1/4/17	<u>Liam Sawyer</u>	7:00am	3:15pm	<u>Sara Sawyer</u>	work 223-1216 home 758-7581
1/5/17	<u>Kadaisana, Marcus, Tyrell, Simone</u>	10:50am	6:00pm		



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Provider Name	<u>Ima Werking-Alott</u>	Provider ID	1234	Month/Year	January 2017
County	Hamilton	Weekend Dates	1/7, 1/8, 1/14, 1/15, 1/21, 1/22, 1/28, 1/29		

Please return this form two days after the last weekend day you provide care for the month

Date	Children's names	Time In	Time Out	Parent Signatures	Phone Numbers
1/7/17	<u>Liam Sawyer</u>	8:25am	4:40pm	<u>Sara Sawyer</u>	work 223-1216 home 758-7581
1/8/17	<u>Liam Sawyer</u>	7:05am	3:30pm	"	work "" home ""
1/14/17	<u>Kadaisana Simone</u>	8:35am	4:45pm	<u>Nita Carter</u>	work 309-3981 home 265-0411
1/15/17	<u>Marcus Simone</u>	8:30am	4:35pm		work "" home ""
1/21/17	<u>Kadaisana Simone</u>	6:55am	3:20pm		work "" home ""
1/21/17	<u>Marcus Simone</u>	8:25am	4:40pm		work "" home ""
1/22/17	<u>Liam Sawyer</u>	7:05am	3:30pm	<u>Sara Sawyer</u>	work 223-1216 home 758-7581
1/22/17	<u>Liam Sawyer</u>	8:35am	4:45pm		work "" home ""

Week-End Claim Form Sign-In Revised 6/2017

## Required Information for Weekend Care

### #1 Notify 4C each week

A phone call, fax or email needs to be given anytime Monday through Friday and received **before 3:00 pm on Friday** prior to the weekend you are doing care.

[4cfoodprogram@4cforchildren.org](mailto:4cfoodprogram@4cforchildren.org) or call 513-758-1337 or fax 513-758-1321  
**Ø DO NOT TEXT OR EMAIL TO YOUR INDIVIDUAL SPECIALIST**

What you need to tell us:

- Provider Name
- Caring for children on Saturday, Sunday or both days
- The actual dates for the weekend providing care

By notifying us **each week**, this lets us know you anticipate doing care for the particular weekend.

### #2 Submit Weekend Sign-In Sheet within two days after the last weekend day you provide care for the month

In order for 4C for Children to verify weekend care and provide reimbursement:

- Parents must sign the weekend sign-in sheet
- The document must be completed in full: date each weekend, time in and out, and phone numbers.
- Weekend sign-in sheets must be turned in monthly via email, fax, mail, or drop off.

**This form is required by Ohio Department of Education to verify you had children for the weekends.** If this form is received after the final claim for the month has been processed, **it will be denied!**

\*You can request a word document of the **weekend sign-in sheet so you can save it in your computer.**

When you save it in your computer, you can type in the names of the children (put all children in one family on one line – so the parent only has to sign once) and type all the phone numbers and save the completed form in your computer; then when you are ready to print - type in the dates specifically for the date of that weekend. Then all you will need is the actual parent signature so it will save a lot of time – not needing to handwrite all of the other info in each time.

To submit by email: [4cfoodprogram@4cforchildren.org](mailto:4cfoodprogram@4cforchildren.org)

To submit by fax: 513-758-1321 **Ø DO NOT TEXT OR EMAIL TO YOUR INDIVIDUAL SPECIALIST**