changing tides
family services

ACTIVITY LOG
FOR SELF-EMPLOYMENT

MONTH _____YEAR_____

Child Care Services
2259 Myrtle Ave.
Eureka, CA 95501
707-444-8293, fax 707-444-8298

Instructions: Complete this log on a daily basis using blue or black ink only and be specific. At the end of the month, sign this log and submit to the office above by 5pm on the 3rd of each month after the month has ended. For example, a May activity log is due June 3. Use as many sheets as needed and number them before submitting. Failure to submit this log by 5pm on the 3rd will delay payment to your provider and may be grounds for termination from the program. Thanks for your cooperation.

Date	Type of Activity and Times (i.e., 9-10am client appointment or 1-3pm cut grass etc.)	Office Use Only

Under penalty of perjury, I affirm the information as stated above is true and correct.

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian and Date _____

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Aug. 2011

Staff initials: