**Workforce Solutions Child Care Services**

 1213 13th Street, Lubbock, TX 79401

806-744-3572 or 800-658-6284

**Additional Child Care Automated Attendance Cards**

|  |
| --- |
| Name |

Case Name (Please PRINT):

TWIST CASE NUMBER: ##

I understand that a card is not needed for someone that I have put on the Pickup / Drop Off list at the child care provider to pickup or to drop off my child. Cards are only used to log attendance into the computer system.

Individuals under the age of 16 may not be permitted to be a card holder unless the individual is the parent of the child.

I want the following persons to have attendance cards (3 person limit).

All cards will be sent to me.

Please PRINT information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

* I must not designate the owner, director, and assistant director, of the child care facility as a secondary cardholder.
* I am responsible for any misuse of the attendance card by the secondary cardholder.
* I am responsible for informing any secondary cardholders of the requirements and responsibilities for using the attendance card.
* I understand that each cardholder is allowed one (1) free replacement card per year. After that there will be a fee of $5.00 for the next replacement card and $10.00 per replacement card after that.

Parent/Caregiver signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

