

PRESCHOOL ATTENDANCE RECORD FOR THE MONTH _____



Contracted Rate/Fee:
Child's Full Name:
Child's Date of Birth : dd/mm/yyyy
Child's Age : <i>*if under three please calculate in months*</i>

Legend S= Sick Child A- Absent Child H= Educator NOT available (for any reason)
Please cross out weekends to avoid confusion

Please inform the Agency ASAP if a child that is supposed to be using care has not be in attendance for more than three days

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IN																															
OUT																															
IN																															
OUT																															
Total																															
Parent Initials																															

Parent Signature: _____ **Educator Signature:** _____ **Total Number of Hours** _____

Alternate Care used? YES NO **Alternate Educator Used** _____ **Name of Regular Educator** _____

Day Home Educator: Address/Postal code: Telephone:

<i>*OFFICE USE ONLY*</i>	
Payment _____	Total Approved Payment _____
Adjustment _____	Insurance Deduction (-\$10) _____
Approved Payment _____	Support Funding _____
	Infant Incentive _____
	Total Cheque _____