

Child Care Attendance Sheet

Child's Name: _____ Date of Birth: ____/____/____ Month: _____ Year: _____

Date	Time In	AM/PM	Parent's Signature	Time Out	AM/PM	Parent's Signature	0-2 Hours	2-4 Hours	4+ Hours	Non Trad
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Provider Signature: _____ Sub Total: _____

Child's Name: _____ Month: _____ Year: _____

Date	Time In	AM/PM	Parent's Signature	Time Out	AM/PM	Parent's Signature	0-2 Hours	2-4 Hours	4+ Hours	Non Trad
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Totals for Month										

misrepresentation and/or requests for repayment of funds by the provider.

Provider Signature: _____ Date: _____