GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Nova Lindsey

DATE	TIME BEGAN	TIME END/WILL	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST
		RETURN			INTIAL
9/1/16	8:00	, luisee		2006	7
9/2/16	200			6	0
882. 88	4410			Som	
9/5/16	-100	1/0/	colay-	~	
7	1141	4401	i enary	Dom	1
9/6/16	Jam				0_
	11/2/11		7	- 20m	
otocenous at 1				Com	
9/7/16	1011			SPITE	X
- 1-1	700			Conina	()
9/8/16	1+3/11			pm	X
0/0/46	7-00			Dipm	< 0
9/9/16	TO LA			0 011	TILL X
9/12/16	Tim			15:1)4	100
9/13/16		•		2 050	-0
3/13/10	DA			600	1
9/14/16	(~	11 0
5/ = 1/ =0	AM	1		Som	IU X
9/15/16	1			6130	0
	Ton			+0350	Dy
9/16/16				Can	
	IAM			Spin	
9/19/16				6:30	0
	IDU)			08
9/20/16	1			6.30	1 2
	144			~	09
9/21/16	Inn			Som	1
0/00/45	1411			07	1-0-1
9/22/16	1700	1		mm.	
0/22/10	141	<i>y</i>		Spiris	1
9/23/16	TAN	1		maco	
9/26/16	- (1 3. ·	-		650	-00
3/20/20	1Am			630	09
9/27/16	7000			Rob	_
	114h			Jon	S. Carrier
	7.40	\hat{\chi}		5.000	
9/28/16	4. HI	1)		Jun	7
9/29/16		1		5000	Da
9/30/16		4			1 - X
3/30/10	+HI,			Spm	1
	1800		0	1	10
	1100 = 1	(a h	Pak	rolyn A.	Frases
Signatures	WWW	11 10	Director	wought TV -	0/60000

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Jayse McNeely

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INTIAL
9/1/16	13:00			5:00	
9/2/16	1:DO			Opm	8
9/5/16	7:00	= H	10 liday	50m	34
9/6/16	7:00	7		Form	X
9/7/16	7:00		7	Bom	7
9/8/16	7:00	75 300		Dom	
9/9/16	7:00			Jpm	20
9/12/16	4:00			John	
9/13/16	4180			3-21	BX
9/15/16	+:00			600	3
9/15/16	1:00			350	09
9/19/16	H.W			Jpm	X
9/20/16	1+.00			6:30	09
9/21/16	1:00			6:50	00
9/22/16	7:00			O.pm	2
9/23/16	4.00			Dom	
9/26/16	4.00			Opm	\times
9/27/16	7.00			(g. 50	Of .
-,-,-	7.00			Jom	A-
9/28/16	7:00			Opm	A
9/30/16				50m	2
	h		<i>A</i> • •		0
Signature:	Mara	2 OF	Director	pu A. Fr	aser

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Terryiah Morrow

DATE	TIME BEGAN	TIME END/WILL	TIME BEGAN/RETURNED	TIME ENDED	PARENT
	0.00	RETURN			MUST INTIAL
9/1/16 9/2/16 •	\$:00	He de	100 100 100 100 100 100 100 100 100 100	Om	
	7:00		1 1	5 pn	n X D
9/5/16	7:00	9	Cliday	Spr	47
9/6/16	7:00	/		Down	79
9/7/16	7:00		V	Som	(4)
9/8/16	7:00			Som	700
9/9/16	7:00			Jon	(2)
9/12/16	7:00			5°pm	Z
9/13/16	4:00			5 00r	0
9/14/16	GO:F			Som	7
9/15/16	7:00			5 pm	05
9/16/16	7:00			5 pn	1 76
9/19/16	4:00			Jon	
9/20/16-	7.00			500	150
9/21/16	71-00			5 pr	n
9/22/16	100			5 pm	70
9/23/16	J:00			5'pn	1000
9/26/16	7.00			5 pm	n
9/27/16	7:00			Jon	
9/28/16	7:00			5 pm	, 80
9/29/16	A CONTRACTOR OF THE PARTY OF TH			5 pm	
9/30/16	J.W			Spm	70
-	1		<u>l</u>	ho 1	1
Signature	may	Ope	Director CM	A.	traser

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Camauri McNeely

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INTIAL
9/1/16	8:00	Picliday		Gom	1
9/2/16	7:00		. /	Sam	7
9/5/16 ~	7000	40/10	ear	Som	05
9/6/16	7:00 F		1	Som	70
9/7/16	7:00			Dom	OT.
9/8/16	7:00			Som	9
9/9/16	7.00			Son	051
9/12/16				Som	70
9/13/16	1.00			5:4	MAN
9/14/16	1.00			600	9
9/15/16	10			6:30	dy
9/16/16	1+W			Don	15
9/19/16	THU			45:30	20
9/20/16	1:00			6:50	09
9/21/16	4.00			5pm	~
9/22/16	1.00			Spm	02
9/23/16	1.00			Som	7
9/26/16	7.00			6.50	de
9/27/16	17.00			Spon	T
9/28/16				5pm	20
9/29/16				5pm	129
	7.00				70
Signature:	Har	ne C	Director ON	rolyn A.	Fraser



MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT AND CHILDREN'S DIVISION CHILD ATTENDANCE RECORD BY FAMILY UNIT

	RE PROVIDER NAM			PROVIDER DI	EPARTMENTAL	VENDOR NUMBI	ER PRO	OVIDER TELEPHONE N	UMBER	
	Tidings Chi		demy	000783	264		81	63331054		
	or designee nam ae Jackso						PAR	ENT OR DESIGNEE DO	CN	
	OR DESIGNEE ADD									
PARENT C	OR DESIGNEE TELE	EPHONE NUMBER								
MONTH/ YEAR		CHILD # 1 NA	ME (FIRST/LAST)							
11/16	Jayse Mo	cNeely	(11/01/2/101)			Terryiah	Morrow	IAME (FIRST/LAST)		
		CHILD	# 1 DCN		1	Torrylar		LD#2 DCN		-
	0064433				PARENT	0063618				PARENT
	TIME CARE	TIME CARE ENDED	TIME CARE BEGAN		MUST INITIAL		TIME CARE ENDED	TIME CARE BEGAN		MUST
DAY OF MONTH	BEGAN AM OR PM	- CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	- CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM	EACH DAY OF CARE	TIME CARE BEGAN AM OR PM	- CHILD LEAVING TORETURN TO CARE SAME DAY ONLY	- CHILD RETURNING TO	TIME CARE ENDED AM OR PM	EACH DAY OF CARE
1	10:58	SAME DAT ONLY		4:57	9	12:68	<u> </u>		11.67	
2	7:01			4:50	0	9:30			4.27	A
3	6:59			5:03	70.	(0:59			5:03	7
4	7:00			5:01	7	77:00			5:01	0
5 6										
7	7:00									
8	4:00 6:57			4.45	20)	7:00			4:45	X.
9	6:53			4:58	700	6:57			4:58	15
10	7:03			5.02	XX	U:55)		5:02	09
11	M:00			4:58	(12	7:03			5:07	TU
12						1.00			4.50	UZ
13							a entre in the			
14 15	7:02			4:51	70	7:02			4:51	1
16	Lo: 58			5:02	20	7:07			5:02	De
17	(0:57			4:53	-A	6:58			4:53	07
18	(0:59			430	200	(O.S. +			4.58	TH
19				4.01	0	40.39			4:31	()
20										7
21	6:57			5.13	X	6:57			5:13	2
23	0.59			4159	70	6:59			4:59	1
24	7:02		V (Ren)	150	OZ.	1.05			19:50	Ea 0
25			100	alton	0	E	7		Museum Carlo	
26	data		VA							
27	11 72 96 1 1			60		6				The state of
28	7:00			4:58	X	7:00			11:50	
29	o:53		76	4:59	07	(0:53			4.50	7
30	6:56		()	5:06	76	6:58			1:06	(·)
	7.02			5:12	201	7:02			5:12	4
		d days of care	listed above we	re provided to	the above n	amed children	ū			0
PARENT SIC	GNATURE			7	CHILD	CARE PROVIDER	SIGNATURE	() A A		
	mm	n(h)	JI ME		100 - 1-100 - 100		- 4	land of	raser	
PROVIDER	NOTE: All child	care providers	are required to n	naintain daily at	tendance rec	ords for subsid		// /		wet
									nice records med on the same	ust e day
10 pro	Joinplet	c and regible, 0	riginal attendance	records must b	e submitted	with original ir	ivoices, for pa	yment.		



MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT AND CHILDREN'S DIVISION CHILD ATTENDANCE RECORD BY FAMILY UNIT

	RE PROVIDER NAM		1	PROVIDER DE (DVN)	PARTMENTAL	VENDOR NUMBE		VIDER TELEPHONE N	UMBER	
Glad I	laings Chr	ristian Acad	iemy	000783	264		816	53331054		
Shana	R DESIGNEE NAMI AE Jackso	n .					PARE	NT OR DESIGNEE DO	CN	
PARENT O	R DESIGNEE ADDI	RESS								
PARENT O	R DESIGNEE TELE	PHONE NUMBER								
MONTH/ YEAR	Nova Lin		ME (FIRST/LAST)			Camaur	CHILD # 2 N/	MME (FIRST/LAST)	1 1, 1, 1, 1	
	0065170		# 1 DCN				CHIL	D#2 DCN		
	0065179	TIME CARE			PARENT MUST	0064433	3849 TIME CARE		_	PARENT MUST
DAY OF MONTH	TIME CARE BEGAN AM OR PM	ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM	INITIAL EACH DAY OF CARE	TIME CARE BEGAN AM OR PM	ENDED - CHILD LEAVING TORETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM	INITIAL EACH DAY OF CARE
1	6:58			4:57	X	6:58			4:57	7
3	7:01			4:59	NU	7:01			4:59	70
4	7:00			5:03	20	0:54			5:03	X
5	()			3.01		+:00			3.01	$-\Delta V$
6										
7	+:00			4:45	7	00:F			4:45	7,
9	0:57			4.50	7	10:57			4:58	70
10	7:03			5:07	300	10.00			5:07	-
11	7:00			41:58	02	7:00			4:58	7
12 13										
14	7:02			4:51	4/7	7.00			(1)	
15	M7:07			5:02	() 30	- m:07			5'02	0-
16	6:58			4:53	~ ()	6:58		1	4:53	26
17 18	6:57			4:58	0	6:57			4:58	0
19	10:54		Will be a second	4.51	1	6:59			4:51	2
20					\perp					
21	6:57			5:13		(0°57			5.18	7
22	6:59			4:59	00	6:59			4:59	9
23 24	7:02		- V/a	19:54	70	7:02			12:50	UX
25			VX	(0) (0)	7/12					
26	1007905000	_	700	100						
27				6				B. Grand		
28	7:00			4:57	γ	7:00			4:58	7
29 30	6:53			4:58	3	6:58			4:59	19
31	7:02			5:12	4	6:30			5:00	XO
I certify th		nd days of care	listed above we		the above r	named childre	n.	1	0.12	8
PARENT SI	GNATURE				CHILD	CARE PROVIDE	R SIGNATURE		A	
W.	amo (hal	m)			A 3 3 100	0.1.	Th a NON	
PROVIDEI	R NOTE: All chil	d care providers an and the time	s are required to r care ended, initia	naintain daily a led by the pare	ttendance re	cords for subs on each day of	idy eligible chi care. Attenda	den. Daily attend nce must be recor	lance records n	nust e day
care is pro	ovided. Comple	te and legible, o	riginal attendance	e records must	pe supmitted	with original	invoices, for pa	yment.		Interest

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Camauri McNeely

DATE	TIME BEGAN	TIME END/WILL	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST
10/3/16	Conn	RETURN		600	INTIAL
	8.00	TOHODA		1 2 Low	7
10/4/16	8:00			5:00	0-
10/5/16	8:00			5:00	SO
10/6/16	7:45			5:00	al
10/7/16	8:00	15		5.00	7
10/10/16	7:30			5:30	
10/11/16	6:30			5:30	06
10/12/16	6,50			2:30	0,0
10/13/16	7:30			5:30	
10/14/16	7:30			5:50	A
10/17/16	650			2:30	00
10/18/16	7:30			5:30	1
10/19/16	7:80			5:31	1
10/20/16	645			5:30	
10/21/16	7:00			5:30	5
10/24/16	7505			5:30	26
10/25/16	700			5:30	50
10/26/16	200	-		5:30	01
10/27/16	7:00			5:30	1
10/28/16	7:00			5:30	XU
10/31/16	7:00	was product Addition		5:30	UZ
					$-\cup$

Director Comolyn A. Fraser

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Jayse McNeely

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INTIAL
10/3/16	8:00	FIGURES		Don	2
10/4/16	8.00			2:00	X
10/5/16	D.00			5:00	2
10/6/16	7:45			2.00	Og
10/7/16	8:00			5.00	4
10/10/16	7:00			5:30	2
10/11/16	6:30			2:30	of
10/12/16	6250			5:30	01
10/13/16	7:00			2:30	18
10/17/16	7:00			2:30	7
10/18/16	6:50	*1		5:30	Ol
10/19/16	645			5:30	of
	10 CPS			2:,20	00
10/20/16	645			2.22.	60
10/21/16	7:00			5:50	2
10/24/16	7105			5:80	200
10/25/16	700			5:30	61
10/26/16	7:00			5:30	5/
10/2//10	7:00			5:30	
10/28/16	7:00			5:30	05
,	1 *			J. J.	0
1					

Signature: Director

De Director Carolyn A. Fraser

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Terryiah Morrow

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INTIAL
10/3/16	R:00	Haliday		Som	
10/4/16	8:00			5:00	2
10/5/16	8:00			5:00	3
10/6/16	7.45			5:00	8
10/7/16	8:00			5:00	A
10/10/16	8-00			5:00	3
10/11/16	6:30			5:30	of
10/12/16	6:50			5:30	01
10/13/16	7:30			5:80	8
10/14/16	1 4.30			5:30.	7
10/17/16	6130			5:30	69
10/18/16	1-20			5:30	1
10/19/16	1-20			730	20
10/20/16	6245			5:30	
10/21/16	6:00			5:30	0
10/24/16	705			5:30	ago
10/25/16	700			5:30	61
10/26/16	200			5:30	8/
10/27/16	7:00			5:30	5
10/28/16	7:00			5:30	70
10/31/16	7:00			5:30	107

ignature: Director

Director Consolyn A. Fraser

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Nova Lindsey

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INTIAL
10/3/16	K:00	Holiday		SAM	7
10/4/16	8:00			500	X
10/5/16	8:00			5:00	A
10/6/16	7:45			5:00	00
10/7/16	8:00			5:00	17
10/10/16	8: 0			5:00	20
10/11/16	6:30			5:30	(de)
10/12/16	650			5.30	00
10/13/16	7.00			5:30	1
10/14/16	4:00			5:90	Q
10/17/16	6:50			5:30	08
10/18/16	7:00			5:30	3
10/19/16	6 45			5:30	8
10/20/16	6:45			6:00	0
10/21/16	10:00	-		0:00	1
10/24/16	75:05			5:30	50
10/25/16	7.00			5:30	OA
10/26/16	7:00			5:30	01
10/27/16	7:00			5:30	1
10/28/16	7:00			5:30	X
10/31/16	7:00			2:30	OD
				5:30	2

Signature Director

-Director Emply A. Fraser