

CHILD CARE PROVIDER NAME Glad Tidings Christian Academy  PROVIDER 10 (DVN) 00078					DEPARTMENTAL VENDOR NUMBER			PROVIDER TELEPHONE NUMBER 8163331054			
PARENT OR DESIGNEE NAME Shanae Jackson PARENT OR DESIGNEE ADDRESS						PARENT OR DESIGNEE DCN			CN		
PARENT OR DESIGNEE TELEPHONE NUMBER											
MONTH/ YEAR	Jayse Mo		CHILD #2 NAME (FIRST/LAST)  Terryiah Morrow								
	0064433847					CHILD # 2 DCN				PARENT	
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE 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	MUST INITIAL EACH DAY OF CARE	TIME CARE BEGAN AM OR PM	TIME CARE 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	MUST INITIAL EACH DAY OF CARE	
1 2	£0:58	GAME BAT GIVET		4:57	7	6:58	8615	3:15	4:57	7	
3	6:59			5:03	20	(4:59	8:15	3:15	9:59	70	
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6							The state of the state of				
7	7:00			4:45	30)	00:F	815	3:15	4:45		
9	6:51			4:58	700	6:57	8:15	3:15	4:58	7	
10	7:03			5:07	XX	7:03	2115	3:15	5:02	227	
11 12	7:00			4:58	0	7:00	8:15	3:15	4:58	() 20	
13											
14	7:02			4:51	70	7:02	8:15	3:15	4:51	-	
15 16	4:07			5:02	20	7:07	8:15	3:15	5:02	70	
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28	7.00			4.50	~	(7:00)	8:15	3.15	4:58		
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30 31	0:58			5:06	70	6:28	8:13	3:15	9:06	70	
I certify that the hours and days of care listed above were provided to the above named children.											
PARENT SIGNATURE CHILD CARE PROVIDER SIGNATURE											
James ( bokon) (instrum A. Fraser											
PROVIDER NOTE: All child care providers are required to maintain daily attendance records for subsidy eligible children. Daily attendance records must include the time care began and the time care ended, initialed by the parent/designee, on each day of care. Attendance must be recorded on the same day care is provided. Complete and legible, original attendance records must be submitted with original invoices, for payment.											