

Saskatchewan Social Services

Child Care Attendance Report
For the month of February, 2025

All children's attendance must be recorded and verified with a parent's signature. All days must be recorded as follows:

- Specify child's care type
- Specify child's care schedule
- If child in attendance, record the number of hours attended each day
- If child was NOT in attendance, you must record one of the following:
 - W - Withdrawn
 - S - Sick
 - X - Facility Closed
 - A - Absent
 - H - Child is on holidays with custodial parent

Main Centre - Archer Daycare
Business Number/SIN: 555555
Box 1111
Saskatoon, Saskatchewan
S7H 1P6

Full time fee
schedule:

Infant \$600.00 Toddler \$600.00
Preschool \$600.00 Kindergarten \$600.00
School Age \$600.00

Name: <u>Barnes</u>		<u>Donald</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours								Hours								Fee															
				0								119.25								600.00															
Care	Care																																		
Type	Sched	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			
PT	FD	A	A	A	A	5.75	10	4.75	10	A	A	10.75	A	6.25	7	9.25	A	A	6	10.25	6	8.5	A	A	A	4.5	8.5	7.25	4.5						

Name: <u>Barnes</u>		<u>Jessica</u>		Totals																												
Surname		Given																														
Client: _____				Alternate hours										Hours					Fee													
				0										120.5					600.00													
Care	Care																															
Type	Sched	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
PT	FD	A	A	A	7.75	7.25	8.75	A	5	A	A	6.75	9.25	A	7	8.5	A	A	5.75	7	9	10.75	7.25	A	A	A	7.25	5.5	7.75			

Name: <u>Leavitt</u>		<u>Roxanne</u>		Totals																												
Surname		Given																														
Client: _____				Alternate hours										Hours					Fee													
				0										63.5					240.00													
Care	Care																															
Type	Sched	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
PT	FD	A	A	A	8	10.25	A	A	A	A	A	6.75	9.25	A	A	A	A	A	9.25	6.75	A	A	A	A	A	6.5	6.75	A	A			

Name: <u>Ramirez</u>		<u>Jane</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours																Hours								Fee							
				0																132.25								600.00							
Care	Care																																		
Type	Sched	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	FD	A	A	A	6.5	9	9.5	7.5	7.25	A	A	6.5	6.5	A	10.25	7.5	A	A	11	10	A	A	9.25	A	A	A	9.75	10.5	11.25						

Name: <u>Ramirez</u>		<u>June</u>		Totals																														
Surname		Given																Alternate hours			Hours			Fee										
Client: _____				0														130			600.00													
Care	Care																																	
Type	Sched	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		
PT	FD	A	A	A	5.5	7.5	8.25	A	4.25	A	A	11	7.25	5.75	8.25	9.25	A	A	5	4.5	8	8	4.75	A	A	6.75	7	7.75	11.25					

Name: Reed

Surname

Kenneth

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

47

470.00

Care Care

Type Sched 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

PS

FD

A

A

A

7.5

A

4

3.75

4

A

A

A

A

A

A

4

A

A

5.75

A

3.25

9.5

A

A

A

A

A

2

3.25

Name: Roberts

Surname

April

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

72.25

240.00

Care Care

Type Sched 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

FD

A

A

A

10.75

8

A

A

A

A

A

9.75

8.75

A

A

A

A

A

5.75

10.25

A

A

A

A

A

10.75

8.25

A

A

Name: Roberts

Surname

Sherry

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

68.5

240.00

Care Care

Type Sched 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

PS

FD

A

A

A

8

10

A

A

A

A

A

11.25

6.75

A

A

A

A

A

9.5

7.75

A

A

A

A

A

7.75

7.5

A

A

Name: Roberts

Surname

William

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

68.25

240.00

Care Care

Type Sched 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

PT

FD

A

A

A

10.5

9

A

A

A

A

A

5

9.75

A

A

A

A

A

8.25

6.25

A

A

A

A

A

10.25

9.25

A

A

I state that the information provided on this form is true, accurate and complete. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.