

Child Care Attendance Report For the month of February, 2026

Full time fee schedule: Infant \$600.00 Toddler \$600.00
Preschool \$600.00 Kindergarten \$600.00
School Age \$600.00

- 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 - W - Withdrawn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

[illegible][illegible][illegible][illegible][illegible]

Name: Leavitt

Surname

Roxanne

Given

Totals

Alternate hours

Hours

Fee

Client: _____

00.00

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

PTFDAAA AAA AAA AAA AAA AAA AAA AAA

Name: Meyers

Surname

Susan

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0600.00

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

PSFDAAA AAA AAA AAA AAA AAA AAA AAA

Name: Quinones

Surname

Andre

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0600.00

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

PSFDAAA AAA AAA AAA AAA AAA AAA AAA

Name: Ramirez

Surname

Jane

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0600.00

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

PTFDAAA AAA AAA AAA AAA AAA AAA AAA

Name: Ramirez

Surname

June

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0600.00

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

PTFDAAA AAA AAA AAA AAA AAA AAA AAA

Name: Reed

Surname

Kenneth

Given

Totals

Alternate hours

Hours

Fee

Client: _____

00.00

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

PSFDAAA AAA AAA AAA AAA AAA AAA AAA

Name: Roberts
Surname

April
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

0

0.00

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

Name: Roberts
Surname

Sherry
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

0

0.00

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

Name: Roberts
Surname

William
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

0

0.00

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

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.