

Saskatchewan Social Services

Child Care Attendance Report
For the month of June, 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 - W - Withdrawn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 Infant \$600.00 Toddler \$600.00
schedule: Preschool \$600.00 Kindergarten \$600.00
 School Age \$600.00

Name: <u>Barnes</u>		<u>Donald</u>		Totals																															
Surname		Given																																	
Client: _____																																			

Name: <u>Barnes</u>		<u>Jessica</u>		Totals																											
Surname		Given																													
Client: _____																															

Name: <u>Leavitt</u>		<u>Roxanne</u>		Totals																															
Surname		Given																																	
Client: _____																																			
		Alternate hours										Hours					Fee																		
		0										74.5					270.00																		
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	9.5	10.5	5	A	A	A	A	A	8.25	6.75	A	A	A	A	A	5	7	A	A	A	A	A	10.5	12	A	A	A	A	A				

Name: <u>Ramirez</u>		<u>Jane</u>		Totals																															
Surname		Given																																	
Client: _____																																			
		Alternate hours										Hours					Fee																		
		0										146.25					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	8.25	8.5	6.5	9.25	6.25	9.5	A	A	9	9.75	7.25	A	9.75	A	A	A	7	6.25	8.75	9.25	A	A	6.75	6.5	7	6.25	4.5	A	A				

Name: <u>Ramirez</u>		<u>June</u>		Totals																															
Surname		Given																																	
Client: _____																																			
		Alternate hours																Hours				Fee													
		0																161.5				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			
PS	FD	A	8.5	9.75	A	10.75	10.75	8.5	A	A	8	7	9.25	10.5	6.75	A	A	7.75	A	10.75	7.25	7.5	A	A	9	5.75	7.75	8.5	7.5	A	A				

Name: Reed

Surname

Kenneth

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

49.25

492.50

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 4 A A 3 5 5 A A A 2.75 5.75 6.25 A A A A A A 5.75 A A 4.5 A 3 4.25 A A A

Name: Roberts

Surname

April

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

64.25

270.00

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 8.75 6 5.75 A A A A A 6 10 A A A A A 7 6.5 A A A A 8.25 6 A A A A A

Name: Roberts

Surname

Sherry

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

72.75

270.00

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 10.75 7.5 9.5 A A A A A 7.5 7 A A A A A 10.25 7.25 A A A A A 6.25 6.75 A A A A A

Name: Roberts

Surname

William

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

69.25

270.00

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 8.75 8 9.25 A A A A A 5.25 7.25 A A A A A 6 8 A A A A 8.25 8.5 A A A 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.