Saskatchewan Social Services

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

Child Care Attendance Report
For the month of July, 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  - W - Withdrawn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

Name: Barnes (Surname) Donald (Given)
Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	144.25	600.00

Care Type	Care 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	6.25	7.25	8	6.5	A	A	5.25	5	8.5	A	6	A	A	7	7.75	9.25	7.75	7.5	A	A	9.5	7	5	8.75	A	A	A	7.25	5.75	9

Name: Barnes (Surname) Jessica (Given)
Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	149.75	600.00

Care Type	Care 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	12.25	11.25	8.25	4.75	A	A	9	A	8	6.25	6.5	A	A	8.5	A	8	7.75	5.75	A	A	6.5	A	9.5	9.75	A	A	A	10.75	9	8

Name: Leavitt (Surname) Roxanne (Given)
Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	73.25	270.00

Care Type	Care 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	9.25	A	A	A	A	A	5.75	6.5	A	A	A	A	A	9	9	A	A	A	A	A	8.75	9.75	A	A	A	A	A	5	10.25	A

Name: Ramirez (Surname) Jane (Given)
Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	176.25	600.00

Care Type	Care 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	14.5	8.5	8	8.75	A	A	7.5	8.75	8.25	6.75	7.25	A	A	8.25	5	6.75	7	A	A	A	9	6.75	7.25	6.75	11.5	A	A	9.75	11.75	8.25

Name: Ramirez (Surname) June (Given)
Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	155.75	600.00

Care Type	Care 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	17.25	8.25	9.75	A	A	A	8.75	9.75	7.25	7	7.75	A	A	A	A	7	8.25	8.75	A	A	7	11.25	6	10.25	6.5	A	A	6.75	8.25	A

Name: Reed (Surname) Kenneth (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	48	480.00

Care Type	Care 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	12.75	A	4.25	4	A	A	A	3.5	4.75	2.75	A	A	A	A	A	6	A	A	A	A	A	A	A	A	4	A	A	A	6	A

Name: Roberts (Surname) April (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	74.25	270.00

Care Type	Care 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	6.75	A	A	A	A	A	10.75	8.75	A	A	A	A	A	6.75	7	A	A	A	A	A	8.25	8.5	A	A	A	A	A	9.5	8	A

Name: Roberts (Surname) Sherry (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	69.5	270.00

Care Type	Care 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	8.75	A	A	A	A	A	8.5	8.75	A	A	A	A	A	7.75	8	A	A	A	A	A	7.5	8	A	A	A	A	A	5.75	6.5	A

Name: Roberts (Surname) William (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	65.75	270.00

Care Type	Care 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	A	A	A	A	A	7.5	6.5	A	A	A	A	A	7.25	6	A	A	A	A	A	7.75	6	A	A	A	A	A	8.25	8.25	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.