

Saskatchewan Social Services

Child Care Attendance Report
For the month of January, 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 - W - Withdrawn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										146.5										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	9	5.25	5.75	A	A	6	8.75	8	7.25	10.5	A	A	10.75	5.25	7.25	A	7.5	A	A	6.75	7	5.25	A	6.75	A	A	5.75	8.75	8.5	6.5			

Name:		<u>Barnes</u>					<u>Jessica</u>					Totals																				
		Surname					Given																									
Client:							Alternate hours										Hours					Fee										
							0										162.75					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	7	7.75	9.25	A	A	9.5	8.75	6.75	5.25	9.75	A	A	9.75	9.75	6.25	9	6.75	A	A	5	8.5	A	8.25	6	A	A	7	6.25	9.25	7

Name: <u>Leavitt</u>		<u>Roxanne</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours										Hours										Fee											
				0										59.75										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	A	A	A	7.75	6.25	A	A	A	A	A	8.25	9.5	A	A	A	A	A	7.75	6.75	A	A	A	A	A	7	6.5	A	A			

Name: <u>Ramirez</u>		<u>Jane</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours										Hours										Fee											
				0										173.75										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	9	10	10	A	A	10	10	11.5	7.25	5.5	A	A	6	10.5	6.25	7.25	11	A	A	8	A	7.75	9	9.25	A	A	9.25	7.75	A	8.5			

Name: <u>Ramirez</u>		<u>June</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours										Hours										Fee											
				0										151.5										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	8	A	6.5	A	A	7.25	10.25	9.75	A	8.25	A	A	9	A	7	6	10.75	A	A	A	7	6.5	10.75	11.25	A	A	10.25	7.5	9.5	6			

Name: Reed

Surname

Kenneth

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

50.25

502.50

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 A 3.5 5.25 A A A A A A A A A A 7.75 2.25 6.25 A A A A A A 6.75 7.25 A A 4.75 A 4.5 2

Name: Roberts

Surname

April

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

67.75

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 A A A 8.75 5.75 A A A A A 8.25 10.75 A A A A A 10.25 10.25 A A A A A 7 6.75 A A

Name: Roberts

Surname

Sherry

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

64.5

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 A A A 7.5 8 A A A A A 10 6.5 A A A A A 6.25 9.5 A A A A A 8.5 8.25 A A

Name: Roberts

Surname

William

Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

64.5

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 A A A 11.75 8.25 A A A A A 4.75 9.25 A A A A A 7 9.75 A A A A A 5.75 8 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.