

## Child Care Attendance Report For the month of January, 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  - W - Withdrawn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: Reed

Surname

Kenneth

Given

Totals

Client: \_\_\_\_\_

Alternate hours

Hours

Fee

0

46

460.00

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 4.5 3.75 A A 2.75 3.5 A A A A A 6.75 6.5 7 6.75 4.5 A A A A A A A A A A A A

Name: Roberts

Surname

April

Given

Totals

Client: \_\_\_\_\_

Alternate hours

Hours

Fee

0

34.5

120.00

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 11.5 7 A A A A A 7.25 8.75 A A A A A A A A A A A A A A A A

Name: Roberts

Surname

Sherry

Given

Totals

Client: \_\_\_\_\_

Alternate hours

Hours

Fee

0

33

120.00

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 9.75 9.75 A A A A A 8.5 5 A A A A A A A A A A A A A A A A

Name: Roberts

Surname

William

Given

Totals

Client: \_\_\_\_\_

Alternate hours

Hours

Fee

0

41.5

120.00

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 8.5 9.75 A A A A A 11.5 11.75 A A A A A A A A A A A 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.