

## Child Care Attendance Report For the month of January, 2026

Main Centre - Archer Daycare  
Business Number/SIN: 5555555  
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

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  - W - Withdrawn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: <u>Reed</u> Surname	<u>Kenneth</u> Given	<b>Totals</b>																															
		<b>Alternate hours</b>												<b>Hours</b>			<b>Fee</b>																
Client: _____		0												46			460.00																
Care Care		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	6.75	6.5	7	6.75	4.5	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Name: <u>Roberts</u> Surname	<u>April</u> Given	<b>Totals</b>																															
		<b>Alternate hours</b>												<b>Hours</b>			<b>Fee</b>																
Client: _____		0												34.5			120.00																
Care Care		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	7.25	8.75	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Name: <u>Roberts</u> Surname	<u>Sherry</u> Given	<b>Totals</b>																														
		<b>Alternate hours</b>												<b>Hours</b>			<b>Fee</b>															
Client: _____		0												33			120.00															
Care Care		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	8.5	5	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Name: <u>Roberts</u> Surname	<u>William</u> Given	<b>Totals</b>																														
		<b>Alternate hours</b>												<b>Hours</b>			<b>Fee</b>															
Client: _____		0												41.5			120.00															
Care Care		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	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.