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 February, 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  - W - Withdrawn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	119.25	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	A	A	A	5.75	10	4.75	10	A	A	10.75	A	6.25	7	9.25	A	A	6	10.25	6	8.5	A	A	A	4.5	8.5	7.25	4.5			

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

Totals		
Alternate hours	**Hours**	**Fee**
0	120.5	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	A	A	7.75	7.25	8.75	A	5	A	A	6.75	9.25	A	7	8.5	A	A	5.75	7	9	10.75	7.25	A	A	A	7.25	5.5	7.75			

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

Totals		
Alternate hours	**Hours**	**Fee**
0	63.5	240.00

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	A	A	8	10.25	A	A	A	A	A	6.75	9.25	A	A	A	A	A	9.25	6.75	A	A	A	A	A	6.5	6.75	A	A			

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

Totals		
Alternate hours	**Hours**	**Fee**
0	132.25	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
IN	FD	A	A	A	6.5	9	9.5	7.5	7.25	A	A	6.5	6.5	A	10.25	7.5	A	A	11	10	A	A	9.25	A	A	A	9.75	10.5	11.25			

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

Totals		
Alternate hours	**Hours**	**Fee**
0	130	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	A	A	5.5	7.5	8.25	A	4.25	A	A	11	7.25	5.75	8.25	9.25	A	A	5	4.5	8	8	4.75	A	A	6.75	7	7.75	11.25			

Name: Reed (Surname) Kenneth (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	47	470.00

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	A	A	7.5	A	4	3.75	4	A	A	A	A	A	A	4	A	A	5.75	A	3.25	9.5	A	A	A	A	A	2	3.25			

Name: Roberts (Surname) April (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	72.25	240.00

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	A	A	10.75	8	A	A	A	A	A	9.75	8.75	A	A	A	A	A	5.75	10.25	A	A	A	A	A	10.75	8.25	A	A			

Name: Roberts (Surname) Sherry (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	68.5	240.00

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	A	A	8	10	A	A	A	A	A	11.25	6.75	A	A	A	A	A	9.5	7.75	A	A	A	A	A	7.75	7.5	A	A			

Name: Roberts (Surname) William (Given)

Client:

Totals		
Alternate hours	**Hours**	**Fee**
0	68.25	240.00

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	A	A	10.5	9	A	A	A	A	A	5	9.75	A	A	A	A	A	8.25	6.25	A	A	A	A	A	10.25	9.25	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.