

Saskatchewan Social Services

Child Care Attendance Report
For the month of February, 2026

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 - W - Withdrawn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								0								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	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Name: <u>Barnes</u>		<u>Jessica</u>		Totals																												
Surname		Given																														
Client: _____				Alternate hours										Hours					Fee													
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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	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Name: <u>Call</u>		<u>Anna</u>		Totals																												
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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	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Name: <u>Harless</u>		<u>Kathy</u>		Totals																																
Surname		Given																																		
Client: _____				Alternate hours											Hours					Fee																
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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	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A					

Name: <u>Holmberg</u>		<u>Greta</u>		Totals																												
Surname		Given																														
Client: _____				Alternate hours											Hours					Fee												
				0											0					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	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

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Name: Roberts
Surname

April
Given

Totals

Alternate hours

Hours

Fee

Client: _____

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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

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Name: Roberts
Surname

Sherry
Given

Totals

Alternate hours

Hours

Fee

Client: _____

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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

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Name: Roberts
Surname

William
Given

Totals

Alternate hours

Hours

Fee

Client: _____

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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

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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.