

Saskatchewan Social Services

Child Care Attendance Report
For the month of March, 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 - W - Withdrawn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											115.25					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	A	5.5	A	8	5.5	A	A	A	9	10.75	9.5	8.5	A	A	A	A	8.25	6.75	10	A	A	A	7.75	A	A	9	7.25	A	A			

Name: <u>Barnes</u>		<u>Jessica</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours											Hours					Fee															
				0											121.25					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	7.75	A	A	6.25	9.75	5	A	A	A	A	6.25	A	8.5	7.5	A	A	6.5	6.5	6.25	8.25	A	A	A	9.75	5.75	7.5	11.75	8	A	A			

Name: <u>Leavitt</u>		<u>Roxanne</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours											Hours					Fee															
				0											76.75					270.00															
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	8.5	A	9.75	8.25	A	A	A	A	A	6	10.75	A	A	A	A	A	7	10	A	A	A	A	A	8.75	7.75	A	A	A	A	A			

Name: <u>Ramirez</u>		<u>Jane</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours											Hours					Fee															
				0											141.5					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	8.75	A	6.75	6.75	4.25	8.75	10	A	A	7.25	6	8.75	5.5	9.75	A	A	7.75	9.25	8.5	10	7.75	A	A	A	A	8	7.75	A	A	A			

Name: <u>Ramirez</u>		<u>June</u>		Totals																															
Surname		Given																																	
Client: _____				Alternate hours											Hours					Fee															
				0											127.5					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	7.25	A	7.5	9.5	A	9	4.75	A	A	9.5	5.75	7.25	8.25	9	A	A	10.25	A	6.75	10	A	A	A	A	A	8.25	6.25	8.25	A	A			

Name: Reed
Surname

Kenneth
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

49.5

495.00

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

4.75

A

A

A

5.25

A

7

A

A

6.75

A

2.5

A

A

A

A

7.25

A

6.5

2.25

4.5

A

A

A

A

A

A

2.75

A

A

Name: Roberts
Surname

April
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

70.25

270.00

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

6

A

6.5

10.75

A

A

A

A

A

8.5

8.25

A

A

A

A

A

7

6.25

A

A

A

A

A

8.75

8.25

A

A

A

A

A

Name: Roberts
Surname

Sherry
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

65.5

270.00

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

7

A

6.5

6.5

A

A

A

A

A

5.5

7.25

A

A

A

A

A

10.25

6.5

A

A

A

A

A

7.75

8.25

A

A

A

A

A

Name: Roberts
Surname

William
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

69.5

270.00

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

7.5

A

9.75

9.5

A

A

A

A

A

5.75

9

A

A

A

A

A

6.25

9

A

A

A

A

A

6.25

6.5

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.