

Saskatchewan Social Services

Child Care Attendance Report
For the month of April, 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 - W - Withdrawn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 Infant \$600.00 Toddler \$600.00
schedule: 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										166.75					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	16.5	6.5	A	6.75	A	A	9.25	9	9.25	9.25	8	A	A	11	8.25	10	11.75	7.25	A	A	7.5	10	9.5	11.5	A	A	A	5.5	A		

Name: <u>Barnes</u>		<u>Jessica</u>		Totals																													
Surname		Given																															
Client: _____																																	
		Alternate hours										Hours					Fee																
		0										181					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	19	6.75	8.5	8.75	A	A	9	5.75	10.25	9	10.25	A	A	6.5	7.75	7.5	10.25	6.5	A	A	A	7.75	6	9	11.5	A	A	10	11		

Name: <u>Leavitt</u>		<u>Roxanne</u>		Totals																													
Surname		Given																															
Client: _____																																	
		</																															

Name: <u>Ramirez</u>				<u>Jane</u>				Totals																								
Surname				Given																												
Client: _____																																
				Alternate hours								Hours				Fee																
				0								163.5				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
IN	FD	A	7.25	5.75	9.5	8	A	A	7.5	11.5	9.25	10.5	7	A	A	6.25	A	9.25	6.5	8.75	A	A	8.25	7	7	9.75	8.75	A	A	9.5	6.25	

Name: <u>Ramirez</u>		<u>June</u>		Totals																													
Surname		Given																															
Client: _____																																	

Name: Reed

Surname

Kenneth

Given

Totals

Client:

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 2.25 A 4.75 A A 2 7 A A A A A 5.5 A A 7.25 A A 4.75 A A A A A 7 8.25

Alternate hours

Hours

Fee

0

53.25

532.50

Name: Roberts

Surname

April

Given

Totals

Client:

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 A A A A A 10 9.25 A A A A A 6 7.5 A A A A A 5.75 7.75 A A A A A 9.5 8.75

Alternate hours

Hours

Fee

0

71.5

270.00

Name: Roberts

Surname

Sherry

Given

Totals

Client:

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 7.5 A A A A A 6.75 10.25 A A A A A 8 7.5 A A A A A 7 10.75 A A A A A 5 6.75

Alternate hours

Hours

Fee

0

69.5

270.00

Name: Roberts

Surname

William

Given

Totals

Client:

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 A A A A 5.5 5 A A A A A 5.75 8.75 A A A A A 10.75 7.75 A A A A A 7.75 10

Alternate hours

Hours

Fee

0

70.75

270.00

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.