

Saskatchewan Social Services

Child Care Attendance Report
For the month of May, 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 - W - Withdrawn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: _____																																					

Name: <u>Barnes</u>		<u>Jessica</u>		Totals																																	
Surname		Given																																			
Client: _____																																					
		Alternate hours										Hours										Fee															
		0										150.75										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	7.25	9.75	A	A	A	8.75	5.5	8.5	6.75	A	A	8.75	6.25	8.75	A	8.5	A	A	9.75	6.5	7.75	A	A	A	A	11.75	9	9	9	9.25					

Name: <u>Leavitt</u>		<u>Roxanne</u>		Totals																																	
Surname		Given																																			
Client: _____																																					
		Alternate hours											Hours					Fee																			
		0											59.25					240.00																			
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	5.25	6.75	A	A	A	A	A	6.75	6.25	A	A	A	A	A	7.75	10	A	A	A	A	A	10.25	6.25	A	A	A					

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

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

Name: Reed
Surname

Kenneth
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

35

350.00

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

A

A

A

A

A

A

A

A

3

A

A

A

4.5

9

3.5

2.25

A

A

A

A

A

5.5

3

A

A

A

A

A

A

2.25

A

2

Name: Roberts
Surname

April
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

62.5

240.00

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

A

A

A

A

6

8.5

A

A

A

A

A

8

7.25

A

A

A

A

A

A

9.25

6

A

A

A

A

A

8

9.5

A

A

A

Name: Roberts
Surname

Sherry
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

75.25

240.00

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

A

A

A

A

9.25

5.25

A

A

A

A

A

8.75

10.75

A

A

A

A

A

11.25

10.5

A

A

A

A

A

8.25

11.25

A

A

A

Name: Roberts
Surname

William
Given

Totals

Alternate hours

Hours

Fee

Client: _____

0

58.75

240.00

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

8.25

6

A

A

A

A

A

4.75

8.75

A

A

A

A

A

9

7.75

A

A

A

A

A

5

9.25

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.