

Saskatchewan Social Services

Child Care Attendance Report
For the month of August, 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 - W - Withdrawn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										148.5					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	20.25	A	A	6.25	6.5	7.25	A	11	A	A	7.5	6.5	9.75	8.75	7.75	A	A	A	6.5	5.75	A	4.75	A	A	9	8.25	5.75	6	11	A		

Name: <u>Barnes</u>		<u>Jessica</u>		Totals																											
Surname		Given																													
Client: _____																															

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																170.5				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	15.5	A	A	9.5	8.75	7	8.75	9.5	A	A	9.5	6.75	7	7.25	7.5	A	A	9.25	9.25	9.25	8	10.5	A	A	A	A	8.5	10.25	8.5	A			

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

Name: Reed

Surname

Kenneth

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

71.75

717.50

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 A A A 5.75 A 5.5 2.5 A A A A A 4 8 A A 5 A 3 3.75 5.25 A A 8 A 5.5 7.25 3.75 A

Name: Roberts

Surname

April

Given

Totals

Client: _____

Alternate hours

Hours

Fee

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

IN FD A 7.75 A A 8.25 4.5 A A A A A 4.5 5.75 A A A A A 8.25 8.75 A A A A A 9.75 8 A A A A

Name: Roberts

Surname

Sherry

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

75.25

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

PS FD A 5.75 A A 8.75 8.5 A A A A A 11 7.75 A A A A A 7 8.5 A A A A A 9 9 A A A A

Name: Roberts

Surname

William

Given

Totals

Client: _____

Alternate hours

Hours

Fee

0

87.75

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 11 A A 8.5 11.5 A A A A A 7.5 9.5 A A A A A 10.25 10.5 A A A A A 9.5 9.5 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.