CHILDREN'S ATTENDANCE SHEET   **WEEK BEGIN AND END DATE: ____/____/____ TO ____/____/____**

CHILD CARE PROGRAM: _____

CLASSROOM/GROUP NAME:

NAME OF CHILD	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY		PARENT/GUARDIAN SIGNATURE
	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															

A PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED IN ORDER FOR PAYMENT TO BE MADE.
CHILD ATTENDANCE RECORDS, MUST AT ALL TIMES, REFLECT THE ACTUAL ARRIVAL AND DEPARTURE TIME.

☐ **I CERTIFY THAT THE INFORMATION ON THIS ATTENDANCE SHEET IS TRUE AND ACCURATE.**

CHILD CARE PROVIDER'S SIGNATURE _____