



CARE (Cooperative Agencies and Resources for Education)

Child Care Attendance Sheet 20\_\_ - 20\_\_

Name of Provider: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_ Month of Attendance: \_\_\_\_\_

| Day of Month | Time In | Time Out | Parent's Initials | Office Use |
|--------------|---------|----------|-------------------|------------|
| 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           |         |          |                   |            |

I provided childcare for this child(ren) as indicated above

\_\_\_\_\_  
Signature of Child Care Provider

\_\_\_\_\_  
Date

|   |                               |
|---|-------------------------------|
| <b>For Office Use</b>                       |                               |
| Approved Hours: _____                       | Approved Reimbursement: _____ |
| Reviewed and Authorized by CARE Staff _____ | Date: _____                   |