



Child Care Center Attendance Calendar

Center: _____

Address: _____

Phone: _____

Prepared by: _____

Date Prepared: _____

Mo./Year: _____

Attendance By Days, the 1st through the 15th

Child's Name		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL Hours	TOTAL Days
1.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
2.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
3.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
4.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		

Provider's Signature: _____

Date: _____

The exact number of hours (to the quarter hour) of care provided must be indicated for each day you provided care.

Submit the original to the local office and retain the copy for your records.

Report only time that the child is actually in attendance.