

CHILDREN'S ATTENDANCE SHEET

WEEK BEGIN AND END DATE: ___/___/___ **TO** ___/___/___

| NAME OF CHILD | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | | SATURDAY | | SUNDAY | |
|---------------|--------|--------|---------|--------|-----------|--------|----------|--------|--------|--------|----------|--------|--------|--------|
| | ARRIVE | DEPART | ARRIVE | DEPART | ARRIVE | DEPART | ARRIVE | DEPART | ARRIVE | DEPART | ARRIVE | DEPART | ARRIVE | DEPART |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |

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 _____

DATE _____