



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	TOTAL
																	Hours	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.



Child Care Center Attendance Calendar

Center: _____

Address: _____

Phone: _____

Prepared by: _____

Date Prepared: _____

Mo./Year: _____

Attendance By Days, the 16th through the 31st

Child's Name		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	TOTAL
																		Hours	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: _____

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