TEEN STUDENT SUPPORT CENTRE ATTENDANCE REPORT

For the Month of _____ , 20_____

Facility Name:_____
Address:_____
Town or City:_____
Postal Code:_____

If child in attendance, record the number of hours attended each day
If child NOT in attendance, record one of the following:
W – withdrawn
H – on holiday with custodial parent
S – sick
X – facility closed
A – absent

Care Schedule (Schedule**)**
FT – 90+hours
PT – Less than 90 hours

Care Type (Type**)**
IN – Infant (6 wks-18 mos)
T – Toddler (19-29 mos)
PS – Preschool (30 months but not exceeding six years)

Child's Name:_____ Child's Birth Date: _____ Parent's Birth Date: _____
Surname Given Month/Year Month/Year

_____ **TOTAL HOURS** _____
Parent's Educational Institution/Program Parent Signature

Type	Schedule	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

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Director Signature: _____ Date: _____
Month/Year/Day

Return the completed form to your Child Care Consultant

Revised November, 2006