

WEST CENTRAL ARKANSAS WORKFORCE DEVELOPMENT AREA

CHILDCARE ATTENDANCE RECORD

(Please use blue ink when completing this form)

Provider: _____

Week of: _____

To: _____

Name of Child	Mon	Tues	Wed	Thurs	Fri	Sat	Total
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

Week of: _____

To: _____

Name of Child	Mon	Tues	Wed	Thurs	Fri	Sat	Total
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

By my signature, I attest that the above is a true and accurate record of attendance by the child(ren) listed above.

Childcare Provider Rep Signature

Title

Date

I attest that the above is a true and accurate record of attendance:

Participant Signature

Print Name

Date