																Month and Year																
Name of Caregiver	Address (Street, City, State, ZIP)																															
NAME OF CHILD														HOU	RS A	TTEN	IDED	BY [DATE													TOTAL
	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	DAYS*
														1		1										*If chi	ld is h	alf-day	enroll	ee, en	ter tota	half-days.
SUGGESTED SYMBOLS							on		AS = Sick H = Holiday S = Saturday/Sunday W = Withdrawn																							
Comments:																																