

**Please use ink only** Strathcona county requires this completed form by the second business day of the month for reporting to Alberta Children and Youth Services.

Provider's name \_\_\_\_\_ Month \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Time 1st child arrived								
Time last child left								Weekly total ↓
Hours providing care								

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Time 1st child arrived								
Time last child left								Weekly total ↓
Hours providing care								

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Time 1st child arrived								
Time last child left								Weekly total ↓
Hours providing care								

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Time 1st child arrived								
Time last child left								Weekly total ↓
Hours providing care								

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Time 1st child arrived								
Time last child left								Weekly total ↓
Hours providing care								

 Fire drill practiced on \_\_\_\_\_ Monthly total →  

Signature – Provider \_\_\_\_\_ Date \_\_\_\_\_