

Please use ink only.

Educator's name _____ Month _____

Child's name _____ Date of birth _____

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time arrived						Signature Parent/Guardian ↑
Time left						Weekly total ↓
Hours in care						
Initials						

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time arrived						Signature Parent/Guardian ↑
Time left						Weekly total ↓
Hours in care						
Initials						

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Initials						

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time arrived						Signature Parent/Guardian ↑
Time left						Weekly total ↓
Hours in care						
Initials						

 Monthly total →

Fire drill practiced on _____

 Signature – educator

 Date

 Fee amount

Collection and use of personal information

 Personal information is collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of Strathcona County family day homes programming and operations. If you have any questions about the collection or use of this information, please contact the Family Resource Network Manager at 780-464-4044.