

Educator's Name \_\_\_\_\_ Month \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time Arrived						Signature Parent/Guardian ↑
Time Left						
Hours in Care						
Initials						Weekly total ↑

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time Arrived						Signature Parent/Guardian ↑
Time Left						
Hours in Care						
Initials						Weekly total ↑

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time Arrived						Signature Parent/Guardian ↑
Time Left						
Hours in Care						
Initials						Weekly total ↑

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time Arrived						Signature Parent/Guardian ↑
Time Left						
Hours in Care						
Initials						Weekly total ↑

	Monday	Tuesday	Wednesday	Thursday	Friday	
Date						
Time Arrived						Signature Parent/Guardian ↑
Time Left						
Hours in Care						
Initials						Weekly total ↑

 Monthly Total → 





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.