Notes:
* Use A for absent instead of check marks for present
* Children starting after attendance sheet is mailed:
Please send a separate attendance sheet for the month the child began along with the next month's attendance sheet.
* If faxed:
1) must be very clear
2) do not use highlighters, only use black/blue ink
3) allow 1 hr and call to verify receipt of the fax

Catawba County Social Services, Child Day Care Office

PO Box 669 Newton, NC 28658-0669
Phone (828) 695-5721 FAX: (828) 695-5691

INSTRUCTIONS: Completely fill in the following report. Return it to Catawba County Social Services by the 25th of each month. Follow up on the last day of the month via phone, fax or mail regarding absences the last week.

Updated Copy-due last day of month
! ☐ Faxed Updated Copy
☐ Mailed Updated Copy

Center: _____ Phone: _____ Month: _____

Use the designated codes on the appropriate days.

Blank	Present	**X**	Weekends	**F**	Full time days-School age only
A	Absent	**C**	Closed/Parents are charged		Note: Indicate all full time days during the school year.
S	Start	**N**	Closed/Parent are NOT charged	**SS**	Summer School (will pay before/after school rate)
T	Terminate			*****	Start of summer (June) or school (Aug)

Child's Name (alphabetical order)	List Preschool and school age separate.	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	Comment

I understand that the Director of Catawba County Department of Social Services will sign the monthly day care reimbursement. I understand that the reimbursement will be completed by the agency staff in accordance with the information that I am submitting on this form. I understand that I will receive a complete copy of payment information and that if it is not correct, I can request an adjustment the following month.

Signature: _____ **Date:** _____

Revised October 2008