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 and only use black/blue ink
3) allow 1 hr and call 695-5721 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) 695-6597

INSTRUCTIONS: Completely fill in the following report. Return it to Catawba County Social Services by the 25th of each month. Update 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	**Please check appropriate boxes on form:**	
A	Absent	**C**	Closed/Parents are charged		Note: Indicate all full time days during the school year.	Before & After, Before Only, After Only, Part Time	
S	Start	**N**	Closed/Parent are NOT charged	**SS**	Summer School (will pay before/after school rate)	**If child is approved for every other week:**	
T	Terminate			*****	On date summer (June) or school (Aug) begins	Write in comments EOW and draw a line thru week not there.	

Child's Name Alphabetized with LAST Name first	Note: Please list preschool and school age separately.	Before & After	Before	After	Part Time	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 reimbursement for services 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 summary of payment information and that if it is not correct, I must report any errors within 30 days of receiving the reimbursement summary.
Please make copies of the completed report for your records. If you need blank forms, make copies or contact our office for more.

Signature: _____ **Date:** _____

Revised Jan 2011