

LCSD Child Care Attendance Form

Child's Name: _____

Attendance Month _____

My child will attend the following days (please check all that apply):

- | | <u>Day</u> | <u>Time</u> |
|--------------------------|------------|-------------|
| <input type="checkbox"/> | Monday: | _____ |
| <input type="checkbox"/> | Tuesday: | _____ |
| <input type="checkbox"/> | Wednesday: | _____ |
| <input type="checkbox"/> | Thursday: | _____ |
| <input type="checkbox"/> | Friday: | _____ |

Will your child's schedule be the same (days and times) next month?

- Yes- This form does not need to be completed again unless there is change to your child care needs.
- No- you will need to complete a form reflecting you child's schedule for next month and submit it to your child's teacher no later than the 20th of this month.

Please remember to contact your child's teacher if your child is going to be absent from the program on a regularly scheduled day.

Parent Name: _____

Parent Signature: _____

Date: _____