

# Maryland State Department of Education

## Child Care Attendance Sheet

\_\_\_\_\_  
 FACILITY or PROVIDER NAME

\_\_\_\_\_  
 MAILING ADDRESS (NUMBER, STREET NAME)

\_\_\_\_\_  
 CITY, STATE, ZIP CODE

\_\_\_\_\_  
 PROVIDER ID

**INSTRUCTIONS:**

Child attendance must be recorded on a daily basis. Attendance must be indicated by time in and out in the upper diagonal box. For each day that a child is in attendance a parent/guardian must initial in the lower diagonal box under the day.

**NOTE:** For Child Care Subsidy - This attendance sheet must be initialed daily by the parent and submitted with your invoice for payment. Please highlight or indicate the name of each child receiving Child Care Subsidy. **Failure to submit this form will result in either non-payment or payment being delayed.**

CHILD'S NAME (PLEASE PRINT) ( First Name, Last Name)	Week of ___/___/___ to ___/___/___							Week of ___/___/___ to ___/___/___						
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat



