Attendance Schedule

January 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Provider ID:

Vendor #

Payable to:

Telephone:

Facsimile:

Telephone:

Facsimile:

Child's name (last name, first name)	Care Code	Apprv Rate	Parent Fee If Applicable	GL (office use)	Attendance																																
					T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
					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		

I hereby certify that the above information is accurate in all respects

Authorized Signature

Date

Children's Services Staff

Date

Note:

Attendance Schedule

February 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to: Provider ID:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Vendor #
Payable to:

Telephone: 905-984-6900
Facsimile: 905-984-4463

Telephone:
Facsimile:

Child ID **Child Name**	Yrs. Mos. **Age Group**	**Care Code**	**Apprv Rate**	**Parent Contrib**	**Muni Cost**	Allowable Non Attended Days Remaining			S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
						V	S	A	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			

I hereby certify that the above information is accurate in all respects

Authorized Signature Date Children's Services Staff Date

Note: All fees are on a daily basis

Attendance Schedule

March 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Vendor #
Payable to:

Telephone:
Facsimile:

Child ID / Child Name	Yrs. Mos. / Age Group	Care Code	Apprv Rate	Parent Contrib	Muni Cost	Allowable Non Attended Days Remaining V	S	A

	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T
	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

I hereby certify that the above information is accurate in all respects

Authorized Signature _____ Date _____ Children's Services Staff _____ Date _____

Note: All fees are on a daily basis

Attendance Schedule

April 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Telephone:
Facsimile:

Vendor #
Payable to:

Child ID	Yrs. Mos.	**Care Code**	**Apprv Rate**	**Parent Contrib**	**Muni Cost**	Allowable Non Attended Days Remaining			W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	
Child Name	**Age Group**					V	S	A	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	

I hereby certify that the above information is accurate in all respects

Authorized Signature ______________________ Date __________

Children's Services Staff ______________________ Date __________

Note: All fees are on a daily basis

Attendance Schedule

May 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Vendor #
Payable to:

Telephone:
Facsimile:

Child ID / Child Name	Yrs. Mos. / Age Group	Care Code	Apprv Rate	Parent Contrib	Muni Cost	Allowable Non Attended Days Remaining V	S	A	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
									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																			

I hereby certify that the above information is accurate in all respects

Authorized Signature | Date | Children's Services Staff | Date

Note: All fees are on a daily basis

Attendance Schedule

June 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Telephone:
Facsimile:

Vendor #
Payable to:

Child ID **Child Name**	Yrs. Mos. **Age Group**	**Care Code**	**Apprv Rate**	**Parent Contrib**	**Muni Cost**	Allowable Non Attended Days Remaining			M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	
						V	S	A	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	

I hereby certify that the above information is accurate in all respects

Authorized Signature ____________ Date ____________ Children's Services Staff ____________ Date ____________

Note: All fees are on a daily basis

Attendance Schedule

July 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Vendor #
Payable to:

Telephone:
Facsimile:

Child ID **Child Name**	Yrs. Mos. **Age Group**	**Care Code**	**Apprv Rate**	**Parent Contrib**	**Muni Cost**	Allowable Non Attended Days Remaining			W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F
						V	S	A	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

I hereby certify that the above information is accurate in all respects

Authorized Signature ____________________ Date __________

Children's Services Staff ____________________ Date __________

Note: All fees are on a daily basis

Attendance Schedule

August 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Vendor #
Payable to:

Telephone:
Facsimile:

Child ID / Child Name	Yrs. Mos. / Age Group	Care Code	Apprv Rate	Parent Contrib	Muni Cost	Allowable Non Attended Days Remaining V	S	A

	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M
	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

I hereby certify that the above information is accurate in all respects

Authorized Signature _____ Date _____ Children's Services Staff _____ Date _____

Note: All fees are on a daily basis

Attendance Schedule

September 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Telephone:
Facsimile:

Vendor #
Payable to:

Child ID **Child Name**	Yrs. Mos. **Age Group**	**Care Code**	**Apprv Rate**	**Parent Contrib**	**Muni Cost**	Allowable Non Attended Days Remaining			T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	Y	W	
						V	S	A	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	

I hereby certify that the above information is accurate in all respects

Authorized Signature ______________________ Date __________

Children's Services Staff ______________________ Date __________

Note: All fees are on a daily basis

Attendance Schedule

October 2009

Legend

S-Sick

A - Absent | V - Vacation

W - Withdrawal | P - Present

H- Statutory Holidays | N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Telephone:
Facsimile:

Vendor #
Payable to:

Child ID **Child Name**	Yrs. Mos. **Age Group**	**Care Code**	**Apprv Rate**	**Parent Contrib**	**Muni Cost**	Allowable Non Attended Days Remaining			T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						V	S	A	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

I hereby certify that the above information is accurate in all respects

Authorized Signature | Date | Children's Services Staff | Date

Note: All fees are on a daily basis

Attendance Schedule

November 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to: Provider ID:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Vendor #
Payable to:

Telephone: 905-984-6900 Telephone:
Facsimile: 905-984-4463 Facsimile:

Child ID **Child Name**	Yrs. Mos. **Age Group**	**Care Code**	**Apprv Rate**	**Parent Contrib**	**Muni Cost**	Allowable Non Attended Days Remaining			S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	
						V	S	A	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	

I hereby certify that the above information is accurate in all respects

Authorized Signature | Date | Children's Services Staff | Date

Note: All fees are on a daily basis

Attendance Schedule

December 2009

Legend	
S-Sick	
A - Absent	V - Vacation
W - Withdrawal	P - Present
H- Statutory Holidays	N - Non Paid Days

Return Invoice to:

Children's Services Division, Region Niagara
3340 Schmon Parkway, P.O. Box 344
Thorold, On L2V 3Z3

Telephone: 905-984-6900
Facsimile: 905-984-4463

Provider ID:

Vendor #
Payable to:

Telephone:
Facsimile:

Child ID / Child Name	Yrs. Mos. / Age Group	Care Code	Apprv Rate	Parent Contrib	Muni Cost	Allowable Non Attended Days Remaining V	S	A	1 T	2 W	3 T	4 F	5 S	6 S	7 M	8 T	9 W	10 T	11 F	12 S	13 S	14 M	15 T	16 W	17 T	18 F	19 S	20 S	21 M	22 T	23 W	24 T	25 F	26 S	27 S	28 M	29 T	30 W	31 T

I hereby certify that the above information is accurate in all respects

Authorized Signature | Date | Children's Services Staff | Date

Note: All fees are on a daily basis