

WEEKLY ATTENDANCE WORKSHEET FOR WEEKENDS

Provider Name _____

Claim Month / Year _____

CHILD'S FIRST AND LAST NAME <small>(please print clearly)</small>	Saturday _____				Sunday _____							
	Att	B	A	L	P	D	Att	B	A	L	P	D
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I certify that to the best of my knowledge, this information is accurate in all respects. I understand this information is provided in connection with the receipt of federal funds and may be verified. I also understand that deliberate misrepresentation may result in state or federal prosecution.

Signature of Provider _____

Date _____

Provider Number _____

This institution is an equal opportunity provider and employer.