

## EARLY LEARNING AND CHILD CARE

## **MONTHLY ATTENDANCE RECORD**

Child's first and last name	Age*	Date of birth	Expected attendance (days)	Actual ** attendance (days)	Reason for prolonged absence	Usual hours of attendance (e.g. 9 – 5, M-F)
e: I—Infants, T—Toddlers, P-dicate the number of days per	-Pre-Sc month	hool, <b>K</b> – Kii child attende	ndergarten, ed.	<b>SA</b> —School-	age	1
rtified by Operator/Supervisor				_	Date	

Early Learning and Child Care Program:\_\_\_\_\_\_ Month: \_\_\_\_\_

Direct inquiries regarding this form to Early Learning and Child Care. Call 867-667-3492 or email earlylearning@yukon.ca.This information is collected under the authority of the Access to Information and Protection of Privacy Act s.15 (a) and (c)(i) and the Child Care Act and Regulations for the purpose of determining eligibility for funding and assessing staffing and ratios required.