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

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

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