

**Quartz Valley Indian Reservation
Child Care and Development Subsidy Attendance Sheet**

Child's Name: _____ Age: _____ Month: _____ Year: _____

Day	Time In	Signature	Time out	Signature	Hrs.
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					
Mon.					
Tues.					
Wed.					
Thurs.					
Fri.					

Days Attended:	Hours of Care:
Number of Holidays:	Number of Sick Days for child:
Signature of Provider:	
Signature of Parent:	
<i>Office use only - Received by:</i>	