

## CHILD CARE ATTENDANCE SHEET

CHILD NAME:	DATE:
DATE OF BIRTH:	CHECK IN TIME:
ATTENDING PERSON:	CHECK OUT TIME:
MEALS BREAKFAST	NAPS DURING THE DAY
Time	
	INDOOR ACTIVITIES
MORNING SNACK	
Time	
LUNCH	
Time	
	OUTDOOR ACTIVITIES
AFTERNOON SNACK	
DINNER	HEALTH ISSUES
Time	
CHILD NAME:	DATE:
DATE OF BIRTH:	CHECK IN TIME:
ATTENDING PERSON:	CHECK OUT TIME:
MEALS	NAPS DURING THE DAY
BREAKFAST	
Time	
	INDOOR ACTIVITIES
MORNING SNACK	
MORNING SNACK Time	
LUNCH	
Time	
Time LUNCH Time	OUTDOOR ACTIVITIES
LUNCH	OUTDOOR ACTIVITIES
Time LUNCH Time AFTERNOON SNACK	
Time LUNCH Time AFTERNOON SNACK	OUTDOOR ACTIVITIES HEALTH ISSUES