



CHILD CARE

ATTENDANCE SHEET

CHILD NAME:

DATE OF BIRTH:

ATTENDING PERSON:

DATE:

CHECK IN TIME:

CHECK OUT TIME:

MEALS

BREAKFAST

Time

MORNING SNACK

Time

LUNCH

Time

AFTERNOON SNACK

Time

DINNER

Time

NAPS DURING THE DAY

INDOOR ACTIVITIES

OUTDOOR ACTIVITIES

HEALTH ISSUES

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