YUKON EARLY LEARNING AND CHILD CARE FUNDING PROGRAM

MONTHLY ATTENDANCE RECORD

Child care centre/family day home:_____ Month: _____

Child's first and last name	Age*	Expected attendance (days)	Actual attendance (days)	Reason for prolonged absence	Usual hours of attendance (e.g. 9 – 5, M-F)

*Age: **I**—Infants, **T**—Toddlers, **P**—Pre-School, **K** – Kindergarten, **SA**—School-age
Indicate the age of the child (i.e. SNT if the child is a toddler with special needs, etc.). Indicate the number of days per month child attended.

_____ _____

Certified on behalf of child care centre/family day home Date

Direct inquiries regarding this form to Early Learning and Child Care. In Whitehorse, call 867-667-3492 and in the communities, call toll-free, 1-800-661-0408, extension 3492, or email earlylearning@yukon.ca.