



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

CHILDREN'S DAILY ATTENDANCE

Facility Name: _____ Month: _____ Year: _____

Day of Month: _____

| Child's First and Last Name | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials |
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Day of Month: _____

| Child's First and Last Name | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials |
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Day of Month: _____

| Child's First and Last Name | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials |
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Day of Month: _____

| Child's First and Last Name | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials |
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Day of Month: _____

| Child's First and Last Name | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials |
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Day of Month: _____

| Child's First and Last Name | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials |
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Day of Month: _____

| Child's First and Last Name | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials | Time In (indicate am or pm) | Time Out (indicate am or pm) | Parent's Initials |
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