

CABONNE FAMILY DAY CARE ATTENDANCE RECORD



Educator Name:
Service ABN: 41 992 919 200
Service ID: 1-3AZ-3

Educator ABN:
Service Name: Cabonne Family Day Care
CCS Approval ID: 190010913L

Child Name: _____

Enrolment ID: _____

Parent/Guardian Name: _____

Week Ending: _____

SIGN IN & SIGN OUT

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial	Time	Initial
Start														
End														
Start														
End														
Absence														

BOOKED HOURS

Hours agreed upon in Complying Written Arrangement

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							
Start							
End							

ATTENDANCE

Hours child attended care/hours being charged

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Ending:	
Start									
End								Nominated Hours:	
Start									
End								Total Hrs	Total Fee
Std									
Non-Std									
Absence									
B/A School	Y / N	Y / N	Y / N	Y / N	Y / N			Total of Additional Fees	
Casual	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Travel								\$	
Meal								\$	
Penalty Fee								\$	
Late Payment								\$	

Total Fee	Administration Levy	Liable Fee (without CCS)

I certify the above information is true and correct: Educator Signature: _____	I certify the above information is true and correct: Parent/Guardian Signature: _____
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- Parent/Guardian signature to be obtained next week _____ (week ending date to verify absence & information is true and correct)
- Parent/Guardian signature to verify on attendance record for week ending _____ is true and correct: _____ (Parent/Guardian Signature)

ABSENCES

Absences: _____ (limit 42)

Additional Absences: _____ (after 42 initial absences)

- A Full Fee Absence
- B Full Fee Absence (First Set)
- C Full Fee Absence (Second Set)