

Early Childhood Education and Care Services

FAMILY DAY CARE CHILD ATTENDANCE RECORD



WEEK ENDING: _____

CHILD'S FULL NAME: _____

The authorised person must complete the actual time the child arrived and was collected AND sign for each session of care (including all absences).

WEEK ONE

Late Attendance Record ☐

Date	Casual	Start		Finish		Start		Finish		Food	Travel		Educator Only Booked Hours	
Monday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Tuesday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Wednesday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Thursday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Friday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Saturday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Sunday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish

Did this child have a sibling who attended another approved child care service this week (not Windermere Family Day Care) ☐ Yes ☐ No

I verify that this is a true and accurate record of care booked and used for this period:

Parent Name: _____ Parent Signature: _____ Date: _____

Educator Name: _____ Educator Signature: _____ Date: _____

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FAMILY DAY CARE CHILD ATTENDANCE RECORD



WEEK ENDING: _____

CHILD'S FULL NAME: _____

The authorised person must complete the actual time the child arrived and was collected AND sign for each session of care (including all absences).

WEEK TWO

Late Attendance Record ☐

Date	Casual	Start		Finish		Start		Finish		Food	Travel		Educator Only Booked Hours	
Monday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Tuesday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Wednesday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Thursday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Friday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Saturday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish
Sunday	<input type="checkbox"/> Yes	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Actual Start Time	Initial Here	Actual Finish Time	Initial Here	Cost	Kms	Cost	Start	Finish

Did this child have a sibling who attended another approved child care service this week (not Windermere Family Day Care) ☐ Yes ☐ No

I verify that this is a true and accurate record of care booked and used for this period:

Parent Name: _____ Parent Signature: _____ Date: _____

Educator Name: _____ Educator Signature: _____ Date: _____