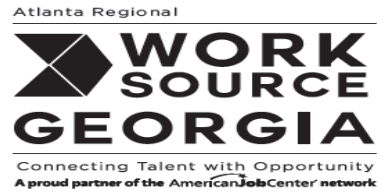


WIOA CHILDCARE ATTENDANCE RECORD

ARWDB CAREER RESOURCE CENTER



SUBMIT WITH TRAINING ATTENDANCE NO LATER THAN 1ST OF EACH MONTH

Participant's Name: _____ Phone #: _____

Dates of Attendance: From: _____ To: _____

Day Care Center: _____ Federal ID#: _____

Director's Name: _____

Address: _____ Phone: _____

Child: _____ Child's Age: _____ Day Care: ____ Before/After School: ____

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: _____ Child's Age: _____ Day Care: ____ Before/After School: ____

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: _____ Child's Age: _____ Day Care: ____ Before/After School: ____

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: _____ Child's Age: _____ Day Care: ____ Before/After School: ____

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Child: _____ Child's Age: _____ Day Care: ____ Before/After School: ____

Day	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Date							
Total Time							

Childcare Provider Signature: _____ Date: _____

Staff Approval: _____ ☐ AF ☐ DW ☐ Youth Amount Approved: \$ _____

Approved by: _____ Date: _____