



Provider Hours for the month of _____, 20_____

Total Hours for: Reg. _____ + A/H _____ + Stat. _____ = _____

Child's Name: _____ Date of Birth: _____

Provider Name: _____

Provider Signature: _____

Parents/Guardians: Your signature on this document indicates your consent to utilize this day home for child care on the dates signed.

DATE	TIME IN	INITIAL	TIME OUT	SIGNATURE	TIME IN	INITIAL	TIME OUT	SIGNATURE	Total Hours
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

Created : 11/02/23 Revised 12/09/27

Please phone or email your hours (lisanick@canopycanada.net), by **8:00 am** on the last weekday of the month.