Manitoba
Family Services

Facility Child Attendance Report

Report for the Period
_____ to _____ year_____

FACILITY NUMBER	
NAME	
ADDRESS	
CITY/TOWN	POSTAL CODE

Number of days open this period	
Number of days closed this period	
Number of statutory holidays (include this in the total attendance for each child	
Indicate Actual Dates Closed	
Number of children registered part-time this reporting period	

List children in this order by category:

1. Nursery
2. Infant
3. Preschool
4. School Age

You may combine subsidized and non-subsidized children.

DAILY RATES CHANGES
Enter any rate changes which are planned for the NEXT Reporting Period. Enter only the changes. If a rate is not changing leave it blank.

Rate Type		Up to a Maximum Subsidized Fee	Additional Fee	Effective Date
Nursery	0-4 hrs			
Infant	0-4 hrs			
Infant	4-10 hrs			
Infant	10+ hrs			
Preschool	0-4 hrs			
Preschool	4-10 hrs			
Preschool	10+ hrs			
School Age	1 period			
School Age	2 periods			
School Age	3 periods			
School Age	0-4 hrs			
School Age	4-10 hrs			
School Age	10+ hrs			

Enter the letter that appears in the bracket in the Indicate Date box, followed by the date. Ex. T dd/mm/yyyy

Enter the number of days each child attended in the top left half of the appropriate attendance box(es). Ex. 18

Enter the number of days each child was absent in the bottom right half of the appropriate attendance box(es). Ex. 2

Children's Names Last First	Birth Date (yyyy/mm/dd)	Child ID	Attendance Information: Indicate Date: Enrolled (E) / Transferred (T) / Withdrawal (W)	Days Attended: Half (0-4) (Including Nursery)	Full (4-10)	(10+)	3 Periods	2 Periods	1 Period	Evening Weekend (4-10)	Summer (4-10)

Subsidy may be claimed by submitting this Facility Child Attendance Report at the end of each reporting period. To be eligible for payment, this form must be submitted within two weeks following the reporting period noted. Adjustment information must be reported no later than the end of the following reporting period. Missed due dates may result in non-payment. Attendance must be reported exactly as the children are attending.

I hereby certify that the above information is accurate _____ Date _____ Child Care Provider

Comments:

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