Manitoba
Family Services

CHILD CARE SUBSIDY

Supplement/ Adjustment - Facility Child Attendance Report

Facility I.D.# _____ **for the Reporting Period of:**_____ **20** _____ **to**

Facility Name _____ _____ **20** _____ **.**

Child ID	Last Name	First Name	Birthdate	ACTUAL Attendance Information											Reason for Supplement/Adjustment
				Infant 0 – 4	Infant 4 – 10	Pre-school 0 – 4	Pre-school 4 – 10	1 Period	2 Period	3 Period	In-service	Regular Summer	Evening Weekend	10+	
SP0001	*Doe*	*Jane*	*2000/01/01*			Days attended		*15*			*3*				*SAMPLE*
								0	Days absent		*2*				

_____ _____ **20** _____

Authorizing Signature Date