ATTENDANCE SHEET

TWU Local 100-MTA/NYCTA
Childcare Fund

195 Montague Street, 4th Floor
Brooklyn, NY 11201
Tel: (718)780-8700 Fax: (718)222-1316
Email: childcarefund@twulocal100ccf.org
Website: www.twulocal100ccf.org

Name of TWU Member: _____

TWU Member Pass #: _____

Child's Name: _____

Child's Age: _____

Name of School/ Provider: _____

Contact Person: _____

Address: _____

Tel: _____

NEWBORN TO PRE-K- FULL DAY HOURS KINDERGARTEN AND UP- BEFORE & AFTER SCHOOL OR OVERNIGHT CARE HOURS

AUGUST 2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27 _____ FROM - _____TO	28 _____ FROM - _____TO	29 _____ FROM - _____TO	30 _____ FROM - _____TO	31 _____ FROM - _____TO	1 _____ FROM - _____TO	2 _____ FROM - _____TO
3 _____ FROM - _____TO	4 _____ FROM - _____TO	5 _____ FROM - _____TO	6 _____ FROM - _____TO	7 _____ FROM - _____TO	8 _____ FROM - _____TO	9 _____ FROM - _____TO
10 _____ FROM - _____TO	11 _____ FROM - _____TO	12 _____ FROM - _____TO	13 _____ FROM - _____TO	14 _____ FROM - _____TO	15 _____ FROM - _____TO	16 _____ FROM - _____TO
17 _____ FROM - _____TO	18 _____ FROM - _____TO	19 _____ FROM - _____TO	20 _____ FROM - _____TO	21 _____ FROM - _____TO	22 _____ FROM - _____TO	23 _____ FROM - _____TO
24 _____ FROM - _____TO	25 _____ FROM - _____TO	26 _____ FROM - _____TO	27 _____ FROM - _____TO	28 _____ FROM - _____TO	29 _____ FROM - _____TO	30 _____ FROM - _____TO
31 _____ FROM - _____TO	1 _____ FROM - _____TO	2 _____ FROM - _____TO	3 _____ FROM - _____TO	4 _____ FROM - _____TO	5 _____ FROM - _____TO	6 _____ FROM - _____TO

TWU Member's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due September 15th in our office. DO NOT FAX OR EMAIL! Attendance sheets must be mailed, walked in, or placed in Childcare Fund mailbox outside of office door (if closed). Attendance sheets can be printed from www.twulocal100ccf.org. *** Licensed providers must submit an updated license once their license expires.

WEEKLY BILLING SCHEDULE:

Attendance Sheet Month	Period (From/To)	Weeks
AUGUST	08/03/2025 - 08/30/2025	4

FOR ACCOUNTING USE ONLY:

INVOICE DATE: _____

INVOICE #: _____

MONTHLY CONTRACTED AMOUNT: $_____

WEEKLY CONTRACTED AMOUNT: $_____

GROSS AMOUNT: $_____

FICA AMOUNT: $_____

NET AMOUNT: $_____