



ATTENDANCE SHEET

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: _____

Name of School/ Provider: _____

TWU Member Pass #: _____

Contact Person: _____

Child's Name: _____

Address: _____

Child's Age: _____

Tel: _____

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

JUNE 2025						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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	1 ____ FROM - ____ TO	2 ____ FROM - ____ TO	3 ____ FROM - ____ TO	4 ____ FROM - ____ TO	5 ____ FROM - ____ TO

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due July 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

JUNE
JULY
AUGUST

Period (From/To)

06/01/2025 - 06/28/2025
06/29/2025 - 08/02/2025
08/03/2025 - 08/30/2025

Weeks

4
5
4

INVOICE DATE: _____

MONTHLY CONTRACTED AMOUNT: \$ _____

GROSS AMOUNT: \$ _____

INVOICE #: _____

WEEKLY CONTRACTED AMOUNT: \$ _____

FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____