



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: _____
 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

MARCH 2024						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ FROM - ____ TO 25	____ FROM - ____ TO 26	____ FROM - ____ TO 27	____ FROM - ____ TO 28	____ FROM - ____ TO 29	____ 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

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due April 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
MARCH	03/03/2024 - 03/30/2024	4
APRIL	03/31/2024 - 04/27/2024	4
MAY	04/28/2024 - 06/01/2024	5
JUNE	06/02/2024 - 06/29/2024	4
JULY	06/30/2024 - 08/03/2024	5
AUGUST	08/04/2024 - 08/31/2024	4

FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____ MONTHLY CONTRACTED AMOUNT: \$ _____ GROSS AMOUNT: \$ _____
 INVOICE #: _____ WEEKLY CONTRACTED AMOUNT: \$ _____ FICA AMOUNT: \$ _____
 NET AMOUNT: \$ _____