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

NOVEMBER 2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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	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	6 ____ FROM - ____TO

TWU Member's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due December 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
NOVEMBER	11/02/2025 - 11/29/2025	4
DECEMBER	11/30/2025 - 01/03/2026	5
JANUARY	01/04/2026 - 01/31/2026	4
FEBRUARY	02/01/2026 - 02/28/2026	4
MARCH	03/01/2026 - 03/28/2026	4
APRIL	03/29/2026 - 05/02/2026	5
MAY	05/03/2026 - 05/30/2026	4
JUNE	05/31/2026 - 06/27/2026	4
JULY	06/28/2026 - 08/01/2026	5
AUGUST	08/02/2026 - 08/29/2026	4

FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____

INVOICE #: _____

MONTHLY CONTRACTED AMOUNT: $_____

WEEKLY CONTRACTED AMOUNT: $_____

GROSS AMOUNT: $_____

FICA AMOUNT: $_____

NET AMOUNT: $_____