



# ATTENDANCE SHEET

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

## SEPTEMBER 2025

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

TWU Member's Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due October 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](http://www.twulocal100ccf.org).**

**\*\*\* Licensed providers must submit an updated license once their license expires.**

### BILLING SCHEDULE FOR MEMBERS USING THE WEEKLY CONTRACT:

Month	Period (From/To)	Weeks
SEPTEMBER	08/31/2025 - 09/27/2025	4
OCTOBER	09/28/2025 - 11/01/2025	5
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: \_\_\_\_\_

MONTHLY CONTRACTED AMOUNT: \$ \_\_\_\_\_

GROSS AMOUNT: \$ \_\_\_\_\_

INVOICE #: \_\_\_\_\_

WEEKLY CONTRACTED AMOUNT: \$ \_\_\_\_\_

FICA AMOUNT: \$ \_\_\_\_\_

NET AMOUNT: \$ \_\_\_\_\_