



TWU Local 100-MTA/NYCTA
Childcare Fund

2024 Summer Camp Attendance Sheet

Member

Name of TWU Member/Pass #: _____

Child's Name: _____

Child's Age: _____

Provider

Name of Summer Camp: _____

Contact Person: _____

Address: _____

Phone: _____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Days		
July				■		■	■						■	■							■	■					■	■						
August			■	■						■	■						■	■							■	■							■	

TWU Member's Signature: _____

Camp Staff Signature: _____

Date: _____

Date: _____

*TWU MEMBER and camp staff: please make sure you sign this attendance sheet at the end of the Summer Camp Program. This original must be submitted with the Camp Invoice no later than **August 15th, 2024.**

Attendance sheet must be mailed or walked in. DO NOT FAX OR EMAIL.

FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____

INVOICE #: _____

SESSION CONTRACTED AMOUNT: \$ _____

GROSS AMOUNT: \$ _____

FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____