



# ATTENDANCE SHEET

195 Montague Street, 4th Floor  
Brooklyn, NY 11201  
Tel: (718) 780-8700 Fax: (718) 222-1316

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**

JANUARY 2025						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ FROM - ____ TO <b>29</b>	____ FROM - ____ TO <b>30</b>	____ 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>31</b>	____ FROM - ____ TO <b>1</b>

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

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

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

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

**TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due February 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.**

**WEEKLY BILLING SCHEDULE:**

Attendance Sheet Month	Period (From/To)	Weeks
JANUARY	12/29/2024 - 02/01/2025	5
FEBRUARY	02/02/2025 - 03/01/2025	4
MARCH	03/02/2025 - 03/29/2025	4
APRIL	03/30/2025 - 05/03/2025	5
MAY	05/04/2025 - 05/31/2025	4
JUNE	06/01/2025 - 06/28/2025	4
JULY	06/29/2025 - 08/02/2025	5
AUGUST	08/03/2025 - 08/30/2025	4

**FOR BOOKKEEPING USE ONLY:**

INVOICE DATE: \_\_\_\_\_ MONTHLY CONTRACTED AMOUNT: \$ \_\_\_\_\_ GROSS AMOUNT: \$ \_\_\_\_\_

INVOICE #: \_\_\_\_\_ WEEKLY CONTRACTED AMOUNT: \$ \_\_\_\_\_ FICA AMOUNT: \$ \_\_\_\_\_

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