



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: _____

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

JUNE 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ 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	____ 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

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due July 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:

<u>Attendance Sheet Month</u>	<u>Period (From/To)</u>	<u>Weeks</u>
JUNE	06/02/2024 - 06/29/2024	4
JULY	06/30/2024 - 08/03/2024	5
AUGUST	08/04/2024 - 08/31/2024	4

INVOICE DATE: _____

MONTHLY CONTRACTED AMOUNT: \$ _____

GROSS AMOUNT: \$ _____

INVOICE #: _____

WEEKLY CONTRACTED AMOUNT: \$ _____

FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____