



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: _____
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

MAY 2025						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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	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	31 ____ FROM - ____ TO

TWU Member's Signature: _____

Provider's Signature: _____

Date: _____

Date: _____

TWU MEMBER: ORIGINAL WRITTEN attendance sheets are due *June 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

MAY
JUNE
JULY
AUGUST

Period (From/To)

05/04/2025 - 05/31/2025
06/01/2025 - 06/28/2025
06/29/2025 - 08/02/2025
08/03/2025 - 08/30/2025

Weeks

4
4
5
4

FOR BOOKKEEPING USE ONLY:

INVOICE DATE: _____

MONTHLY CONTRACTED AMOUNT: \$ _____

GROSS AMOUNT: \$ _____

INVOICE #: _____

WEEKLY CONTRACTED AMOUNT: \$ _____

FICA AMOUNT: \$ _____

NET AMOUNT: \$ _____