



# 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**

## SEPTEMBER 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
____ 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>	____ FROM - ____ TO <b>5</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	09/01/2024 - 09/28/2024	4
OCTOBER	09/29/2024 - 11/02/2024	5
NOVEMBER	11/03/2024 - 11/30/2024	4
DECEMBER	12/03/2024 - 12/30/2024	4
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: \$ \_\_\_\_\_