

Child Care Centre: \_\_\_\_\_

Month: \_\_\_\_\_

CHILD'S NAME (first and last)	AGE*	EXPECTED ATTENDANCE (days)	ACTUAL ATTENDANCE (days)	REASON FOR PROLONGED ABSENCE	USUAL HOURS OF ATTENDANCE (e.g. 9 – 5, M-F)

\*Age: **I**—Infants, **T**—Toddlers, **P**—Pre-School, **K** – Kindergarten, **SA**—School-age, **SN**—Special Needs  
Please indicate the age of the child (i.e. SNT if the child is a toddler with special needs, etc.). Indicate the number of days per month child attended.

Certified on behalf of Child Care Centre: \_\_\_\_\_ Date (YYYY/MM/DD): \_\_\_\_\_

You may obtain a written statement of Health and Social Services information practices at [www.hss.gov.yk.ca/healthprivacy.php](http://www.hss.gov.yk.ca/healthprivacy.php) or by contacting the department's Privacy Officer at [healthprivacy@gov.yk.ca](mailto:healthprivacy@gov.yk.ca).