**Teacher Attendance Sheet**

**Provider:**

**Month, Year:**

**Child's Name:**

**Date**

**Authorized Signature**

**Time Out**

**Time In**

**Authorized Signature**

**1**

**2**

**3**

**4**

**5**

**6**

**7**

**8**

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**10**

**11**

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**13**

**14**

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**31**

I verify the information on this Daily Attendance Sheet is true and accurate.

Eligible Parent/Guardian Signature Date

*Please indicate program by checking the appropriate box below upon completion of the month, prior to submission to PHELC.*

 VPK SR

N:\Reimbursement Files\Forms\Daily Attendance Sheet\Option A