



VOUCHER DAY CARE PROGRAM

ATTENDANCE LOG

PROVIDER SIGNATURE _____ MONTH OF _____

PROVIDER NAME (printed) _____

KIDS UNLIMITED SERVICES, INC.

35 TROLLEY CROSSING ROAD
CHARLTON, MA 01507
508-248-6772

Use these codes to complete your attendance log.



F	CHILD ATTENDED FULL
EF	CHILD EXCUSED FULL
UF	CHILD UNEXCUSED FULL
P	CHILD ATTENDED PART
EP	CHILD EXCUSED PART
UP	CHILD UNEXCUSED PART
PC	PROVIDER CLOSED (UNPAID)
PH	K.U. PAID HOLIDAY
SF	SICK TIME FULL (PAID)
SH	SICK TIME HALF (PAID)
ECW	EMERGENCY CLOSURE WEATHER

DATE																																												
	M	T	W	T	F	S	S		M	T	W	T	F	S	S		M	T	W	T	F	S	S		M	T	W	T	F	S	S		M	T	W	T	F	S	S					
CHILD FIRST LAST NAME	O	U	E	H	R	A	U		O	U	E	H	R	A	U		O	U	E	H	R	A	U		O	U	E	H	R	A	U		O	U	E	H	R	A	U					
	N	E	D	U	I	T	N		N	E	D	U	I	T	N		N	E	D	U	I	T	N		N	E	D	U	I	T	N		N	E	D	U	I	T	N					

***AVOID POTENTIAL LOSS OF INCOME:** You **MUST NOTIFY Kids Unlimited** immediately when child has reached 30 excused absences for warning and again at 45 excused absences for termination OR 3 unexcused absences for termination. Failure to notify **Kids Unlimited** may result in non payment for excess absences. Refer to absence policy for more detail.