

Month: _____

**MONTHLY
TIME AND ATTENDANCE SHEET**



Denver Preschool Program
1550 Larimer Street #264
Denver, CO 80202
720-264-4555 (phone)
303-295-1750 (fax)
denverpreschoolprogram@acs-inc.com

- STEP 1) Please select the day of the week you are checking in your child. (Monday, Tuesday etc.)
 STEP 2) Once you have selected the day of the week, Enter the month and day you are checking in your child.
 STEP 3) Write in the time of day you are checking IN/OUT your child.
 STEP 4) Write your initials next to the time you check IN/OUT your child.

PRESCHOOL PROVIDER: _____

PRESCHOOL PROVIDER TELEPHONE #: _____

CHILD'S NAME: _____

PRESCHOOL PROVIDER LOCATION: _____

Week 1																			
MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY			
MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY
Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials
Week 2																			
MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY			
MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY
Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials
Week 3																			
MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY			
MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY
Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials
Week 4																			
MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY			
MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY
Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials
Week 5																			
MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY			
MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY	MONTH	DAY
Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials	Check In time	Initials	Check Out time	Initials

I declare that the information is true, complete. I agree to provide, if requested any necessary documentation to support the information reported.

Parent/Guardian's Printed Name

Preschool Provider's Printed Name

Parent/Guardian's Signature

Date (mm-dd-yyyy)

Preschool Provider's Signature

Date (mm-dd-yyyy)

Month: _____

**MONTHLY
TIME AND ATTENDANCE SHEET**

Please (fax or mail) send in completed Monthly Time and Attendance Sheet and fax to (303) 295-1750, or mail to 1550 Larimer Street #264 Denver, CO 80202.