Provider Name _____ Daily Child Attendance Form Month_____ 20____

Child's Name	**Date** (mark the children present with an "X") – fill out **DAILY!**																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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