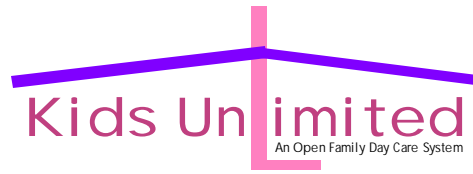


# Voucher Day Care Program

## Attendance Log



✓	Child Attended Full
E	Child Excused Full
U	Child Unexcused Full
✓	Child Attended Half
E	Child Excused Half
U	Child Unexcused Half
C	Provider Closed
H	K.U. Paid Holiday

Provider Signature \_\_\_\_\_ Month Of \_\_\_\_\_

Provider Name (printed) \_\_\_\_\_

KIDS UNLIMITED SERVICES, INC.  
35 Trolley Crossing Road  
Charlton, MA 01507

Use these codes to complete  
your attendance log.

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
	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
PARENT / CHILD NAME	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** immediatly when a child has more than three (3) unexplained OR ten (10) total absences in a month. Failure to notivf **Kids Unlimited** may result in non-reimbursement for the excess absences.