



CHILD CARE GRANT PROGRAM

619 E. Ship Creek Avenue, Suite 230
Anchorage, AK 99501-1665

For Office Use Only/Date Received

ATTENDANCE REPORT FORM

Facility Name: _____ Grant Number: _____

Mailing Address: _____ Report Month: _____

City, Zip Code: _____ Licensed for _____ (# of children) *Attach an explanation if average daily attendance exceeds this number.*

Child's First and Last Name	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	Child's Total		
1																																		
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20																																		
Daily Total																																		

Under penalty of perjury or unsworn falsification, I certify that the information provided on this form is true and correct to the best of my knowledge.

Printed Name _____ Signature of Authorized Agent _____ Date _____