

VALLEY OPPORTUNITY COUNCIL  
 300 HIGH STREET, 3<sup>RD</sup> FLOOR  
 HOLYOKE, MA 01040  
 413-552-1559



attendance email [fdcattendance@valleyopp.com](mailto:fdcattendance@valleyopp.com)

Level 1 or 2

**FAMILY CHILDCARE OFFICE ATTENDANCE SHEET**

Educator Name: \_\_\_\_\_

Educator Number: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Child D.O.B	CHILD'S NAME	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL

PRIVATE CHILDREN	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL

EDUCATOR'S ATTENDANCE								

<b>OFFICE USE ONLY</b>	FDC AUTHORIZED SIGNATURE _____	I certify that all of the above information is true and accurate to the best of my knowledge.  Educator Signature: _____
UNITS: 511-U2 _____	511-02 _____	
2.0/2.8 _____		

ATTENDANCE CODES:

N= NEW CHILD  
 EX= EXCUSED  
 S= SICK

VAC= CHILD IS ON VACATION  
 NR= NO REASON  
 SN= SNOW

T= TERM  
 TR= TRANSFERRED  
 E=EMERGENCY CLOSURE

EDUCATOR CLOSED= IF YOU ARE OFF  
 PTO= PROVIDER TIME OFF