Attendance Register: _____ / 2019

Child's name:

Date of birth:

Childminder:

Days	W/C:	W/C:	W/C:	W/C:	W/C:
Mon					
Tues					
Weds					
Thurs					
Fri					
Sat					

I confirm that during the hours attended, I was responsible for the above named child.

Signed by childminder: Date: