



JANUARY - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	1/4/21				
TUESDAY	1/5/21				
WEDNESDAY	1/6/21				
THURSDAY	1/7/21				
FRIDAY	1/8/21				
MONDAY	1/11/21				
TUESDAY	1/12/21				
WEDNESDAY	1/13/21				
THURSDAY	1/14/21				
FRIDAY	1/15/21				
MONDAY	1/18/21				
TUESDAY	1/19/21				
WEDNESDAY	1/20/21				
THURSDAY	1/21/21				
FRIDAY	1/22/21				
MONDAY	1/25/21				
TUESDAY	1/26/21				
WEDNESDAY	1/27/21				
THURSDAY	1/28/21				
FRIDAY	1/29/21				
MONDAY	-	-	-	-	-
TUESDAY	-	-	-	-	-
WEDNESDAY	-	-	-	-	-
THURSDAY	-	-	-	-	-
FRIDAY	-	-	-	-	-

STUDENT ID#: _____ PROVIDER SIGNATURE/DATE: _____

EMAIL OR FAX FORM TO: [SSWIMBERLY27@LENOIRCC.EDU](mailto:sswimberly27@lenoircc.edu) / 252-233-6896 BY THE 5TH OF FOLLOWING MONTH