



MAY - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	5/3/21				
TUESDAY	5/4/21				
WEDNESDAY	5/5/21				
THURSDAY	5/6/21				
FRIDAY	5/7/21				
MONDAY	-	-	-	-	-
TUESDAY	-	-	-	-	-
WEDNESDAY	-	-	-	-	-
THURSDAY	-	-	-	-	-
FRIDAY	-	-	-	-	-
MONDAY	-	-	-	-	-
TUESDAY	-	-	-	-	-
WEDNESDAY	-	-	-	-	-
THURSDAY	-	-	-	-	-
FRIDAY	-	-	-	-	-
MONDAY	-	-	-	-	-
TUESDAY	-	-	-	-	-
WEDNESDAY	-	-	-	-	-
THURSDAY	-	-	-	-	-
FRIDAY	-	-	-	-	-
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