



# AUGUST - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	8/17/20				
TUESDAY	8/18/20				
WEDNESDAY	8/19/20				
THURSDAY	8/20/20				
FRIDAY	8/21/20				
MONDAY	8/24/20				
TUESDAY	8/25/20				
WEDNESDAY	8/26/20				
THURSDAY	8/27/20				
FRIDAY	8/28/20				
MONDAY	8/31/20				
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 5<sup>TH</sup> OF FOLLOWING MONTH