



OCTOBER - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	-	-	-	-	-
TUESDAY	-	-	-	-	-
WEDNESDAY	-	-	-	-	-
THURSDAY	10/1/20				
FRIDAY	10/2/20				
MONDAY	10/5/20				
TUESDAY	10/6/20				
WEDNESDAY	10/7/20				
THURSDAY	10/8/20				
FRIDAY	10/9/20				
MONDAY	10/12/20				
TUESDAY	10/13/20				
WEDNESDAY	10/14/20				
THURSDAY	10/15/20				
FRIDAY	10/16/20				
MONDAY	10/19/20				
TUESDAY	10/20/20				
WEDNESDAY	10/21/20				
THURSDAY	10/22/20				
FRIDAY	10/23/20				
MONDAY	10/26/20				
TUESDAY	10/27/20				
WEDNESDAY	10/28/20				
THURSDAY	10/29/20				
FRIDAY	10/30/20				

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