



DECEMBER - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	-	-	-	-	-
TUESDAY	12/1/20				
WEDNESDAY	12/2/20				
THURSDAY	12/3/20				
FRIDAY	12/4/20				
MONDAY	12/7/20				
TUESDAY	12/8/20				
WEDNESDAY	12/9/20				
THURSDAY	12/10/20				
FRIDAY	12/11/20				
MONDAY	12/14/20				
TUESDAY	12/15/20				
WEDNESDAY	12/16/20				
THURSDAY	12/17/20				
FRIDAY	12/18/20				
MONDAY	12/21/20				
TUESDAY	12/22/20				
WEDNESDAY	12/23/20				
THURSDAY	12/24/20				
FRIDAY	-	-	-	-	-
MONDAY	12/28/20				
TUESDAY	12/29/20				
WEDNESDAY	12/30/20				
THURSDAY	12/31/20				
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