**Termly Pattern of Attendance**

|  |  |
| --- | --- |
| **Provider Name:** |  |
| **Section 1: Child’s Details** |
| Legal Name: | Child’s Date of Birth: |

**Section 2: Pattern of Attendance**

You can use this form as a template for collecting the child’s attendance over the term. If you wish to use your own form you must collect the information detailed here as a minimum. This form must be reviewed with Parent/Carers prior to the start of each Funding Period.

|  |  |  |
| --- | --- | --- |
| **Term** |  | **Hours Attending per Day** |
| **Year** |  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** | **Total** |
| **Standard Funded Early Learning** *(including 2 year old FEL)* |  |  |  |  |  |  |  |  |
| **Extended Funded Early Learning***(if eligible)* |  |  |  |  |  |  |  |  |
| **Parent/Carer Funded Childcare** |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

**If the child is using more than one provider, please complete the details below.**

FEL/EFE can be taken at a maximum of 2 sites in a single day, but there is no maximum per year.

|  |  |  |
| --- | --- | --- |
|  **Provider Name** | **Standard / Universal FEL Hours per week** | **Extended Hours per week** *(where eligible)***\*** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| TOTAL: |  |  |

If the child is using more than one provider, the child **MUST NOT** exceed the 15 hours per week of Standard / Universal Hours. If the child is eligible for the Extended Funded Entitlement, they **MUST NOT** exceed a total of 30 hours per week.

**Parent Signature**……………………………… **Provider Signature**……………………………….

**Date:** …….............