TAIL CHED CAR ROUTE CARONI

PROVIDER	S 															ı	Z	MONTH	Ħ	1/YEAR	AR		•									
***Please indicate one of the following parent codes for each child: SM: Single Military SC: Single Civilian DM: Dual Military DC: Dual Civilian MDS: Military with dependent Spouse 0: Provider's Own Children	cate o	ne o	of th	ie fo	≦ 5		₽	are M: 1	nt c Dua	≡ od M	iiit to	ary e	몽호	 E	요:	<u>≤i</u>	2	îDS;	S	tary	with	deg	end	ent s	pous	ë	Pro	vide	r's O	wn C	로 ¹	ren
***Please indicate enlisted or officer in the E and O columns. Please list:	cate e	3	ed.	or o	Ř	ď.	5	ĕ	ឆ្ន	o G	8	Ē	ns.						,										•			
New Children:	•			. 1 <u>.</u> Fmg								' N	ľ		· .				'ယ I						.							•
Children no longer in care:	nger in	ន្ន		l . y								2	ľ					,	'ယ I						4					,		i
Place an "X" in the date box for each day a child was in care. Place an "I" in the appropriate date box if the child was out due to illness and an "S" if the child was sent home early due to illness.	n the c	late pro	bo) pria	· te c	r ea	pd e	×	# 0	유	ild wa	was Was	5 <u>5</u> <u>5</u>	ře.	e to		ess a	ā.	ž, Š	=	in e c		E	Sep†	<u> </u>		\	5					ı
Child's Name	Parent Code	m	_	Age	н	2	4.	· UI	6	7 8	w	15		ם	<u>3</u>	벖	14	13	16	17	13	56	20			ت	24	25	26	27	2	2
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Please complete both sides of this form and submit to the FCC office on the $\mathbf{1}^{\mathrm{st}}$ of each month.

FCC Monthly Report

, L			additional comments you would like the FCC staff to know:
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L	- Connectity		
l	Comments	Date	
L.			lease list all training or FCC events attended this month: Training or Event
<u>L</u>			
	. of cimulett accending		
	# of children attends	Date	
l			Please list special activities or field trips conducted this month: Activity
<u>.</u>			
	Elliptics arrestalla		
J	# of parents attending	Date	
			Please list parent involvement activities conducted this month: Activity
			The following information may be used for provider of the quarter criteria:
need.	List his/her name and the special need	naving special needs?	The state children of your own, or in care that have been diagnosed as having special needs?
			Back-up Provider's name:
			If you would like to be removed from the list, please initial here
			Number of current openings for "over two"
•	,		Your name as you would like for it to appear Number of current openings for "under two"
		,	Please complete the following information for the provider list:

Please complete both sides of this form and submit to the FCC office on the $\mathbf{1}^{\mathrm{st}}$ of each month.