



**WILSON COUNTY PARTNERSHIP FOR CHILDREN
CHILD CARE SUBSIDY PROGRAM
EXCESSIVE ABSENCE REPORT**

NAME OF FACILITY: _____

DATE FORM COMPLETED: ___/___/___

I understand that I am responsible for reporting **five (5) day absences** and would like to notify WCPC that the following subsidized child(ren) has/have been absent for **five (5) days** from care for the month of _____.

Child's Name	Parent	Days Absent	Reason for Absence

NAME OF PERSON REPORTING ABSENCES

DATE