

## SUMMARY SHEET

<b>DCP Name :</b>					<b>Period:</b>					<b>Date :</b>									
<b>Legend :</b>																			
<b>P: Present --PAID</b>			<b>A: Absent --PAID</b>			<b>M: sick --PAID</b>			<b>X: closed --NOT PAID</b>										
Name	Birth	ECP POUP HAND PCRS	M	T	W	T	F	S	S	M	T	W	T	F	S	S	Days total	Child's departure	\$\$ Grant Claimed \$\$
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<b>Signature :</b> _____					<b>Date :</b> _____					<b>Telephone :</b> _____									

PCR 19\$ per day + BABY GRANT 9,75\$ per day / ECP Exempted 26\$ per day/CLSC / ECP 3,50\$ per day –Last Resort Assistance / HAND 26\$ per day  
 PCRS (school age) 2,15\$ school day/15,35\$ pedagogical day (school's direction's letter mandatory)

**INSTRUCTION:**

**The daycare provider must indicate the grant amount that is claimed from the Ministère. The daycare provider must calculate according to the amounts indicated in the legend.**