EDUCATOR MONTHLY REPORT FORM

Submit to JDM Dayhome Agency by the 25th of each month

Educator Name | **Month** | **Year** | **Educator Total Hours**

Certificate Level: 1 / 2 / 3 | **Main Contact Phone** | **Email Address** | **Educator Signature**

CHILDREN IN CARE - MONTHLY SUMMARY

No.	Child's Name	DOB	Age (Mo)	Monthly Fee	Monthly Grant	Total Hrs	FT / PT	Last Month	Main Contact	Phone

IMPORTANT REMINDERS: 1. Submit this report by the 25th of each month. 2. Notify JDM Agency immediately using the proper out-of-care form if any children leave your care.