

Confirmation of Attendance Form

Please print and complete all applicable sections

| Child Information and Appointment Details | |
|---|---|
| Child Name | Starting Address (if other than home address) |
| Appointment Address | Appointment Date YYYY/MM/DD |
| | Appointment Time |
| Service Provider Information | |
| Name of Service Provider and Agency | Telephone Number |
| I confirm that the child listed has attended the appointment indicated above. | |
| Signature of Service Provider or Office Administrator _____ | |

| Additional Appointment (not required for appointments on same date as above) | |
|---|-----------------------------|
| Appointment Address | Appointment Date YYYY/MM/DD |
| | Appointment Time |
| Service Provider Information | |
| Name of Service Provider and Agency | Telephone Number |
| I confirm that the child listed has attended the appointment indicated above. | |
| Signature of Service Provider or Office Administrator _____ | |

This form is available in alternate formats upon request
Ce formulaire est offert dans d'autres formats sur demande