


ENROLLMENT/ATTENDANCE CERTIFICATION VOLUNTARY PRE-KINDERGARTEN

Return To :


 Early Learning Coalition
of Escambia County
 3300 N. Pace Blvd, Suite 210
 Pensacola, FL 32505

January 2017

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	January 2017																															DAYS ATTD	REDETERRM DATE		
						S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T				
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

FOR EACH DAY, CODE AS FOLLOWS :

- X = Enrolled/Present
- T = Terminated
- C = Temporary closure beyond provider's control
- E = Absence day 1 - 3 (No documentation required)
- A = Absence beyond 3 days (Documentation required)

Period From: 01/01/2017 To: 01/31/2017 Page: of:

I certify the attendance on this form to be true and correct.

Authorized Signature: _____