

**ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS**

Return To:

February 2018



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

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	DAYS ATTN'D	REDETERM DATE
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21		

FOR EACH DAY, CODE AS FOLLOWS:
X = Enrolled/Present
A = Authorized Absence beyond 3 days
T = Terminated

E = Excused Absence
H = Reimbursable Holiday
N = Enrolled, Non-Reimbursable

Period From: 02/01/2018 To: 02/28/2018 Page: of:
 I understand that it is my responsibility to collect all assessed Parent fees.
 Authorized Signature: _____