

**ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS**

Return To:

January 2019

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	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	W	T	DAYS ATTND	REDETERM DATE														
						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
A = Authorized Absence beyond 3 days
T = Terminated
E = Excused Absence
H = Reimbursable Holiday
N = Enrolled, Non-Reimbursable

To the best of my knowledge, this is a true and accurate invoice, and in accordance with the Statewide Provider Agreement.

Period From: 01/01/2019 To: 01/31/2019 Page: of:
 I understand that it is my responsibility to collect all assessed Parent Fees.
 Authorized Signature: