ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

April 2017

Return To :
EARLY LEARNING COALITION OF
ESCAMBIA COUNTY
3300 NORTH PACE BLVD. – SUITE 210
PENSACOLA, FL 32505

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

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: 04/01/2017 **To:** 04/30/2017 **Page:** **of:**

I understand that it is my responsibility to collect all assessed Parent fees.

Authorized Signature: