ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

January 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	M 2	T 3	W 4	T 5	F 6	S 7	S 8	M 9	T 10	W 11	T 12	F 13	S 14	S 15	M 16	T 17	W 18	T 19	F 20	S 21	S 22	M 23	T 24	W 25	T 26	F 27	S 28	S 29	M 30	T 31	DAYS ATTND	REDETERM DATE

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

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: 01/01/2017 **To:** 01/31/2017 **Page:** **of:**

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

Authorized Signature: