ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

June 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	T 1	F 2	S 3	S 4	M 5	T 6	W 7	T 8	F 9	S 10	S 11	M 12	T 13	W 14	T 15	F 16	S 17	S 18	M 19	T 20	W 21	T 22	F 23	S 24	S 25	M 26	T 27	W 28	T 29	F 30		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: 06/01/2017 **To:** 06/30/2017 **Page:** **of:**

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

Authorized Signature: