ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

March 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	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	F	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: 03/01/2017 **To:** 03/31/2017 **Page:** **of:**

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

Authorized Signature: