ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

May 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	M 1	T 2	W 3	T 4	F 5	S 6	S 7	M 8	T 9	W 10	T 11	F 12	S 13	S 14	M 15	T 16	W 17	T 18	F 19	S 20	S 21	M 22	T 23	W 24	T 25	F 26	S 27	S 28	M 29	T 30	W 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: 05/01/2017 **To:** 05/31/2017 **Page:** **of:**

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

Authorized Signature: