ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

August 2018

Return To :

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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

Period From: 08/01/2018 **To:** 08/31/2018 **Page:** **of:**

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

Authorized Signature: