

**ENROLLMENT/ATTENDANCE CERTIFICATION  
VOLUNTARY PRE-KINDERGARTEN**

Return To:



**Early Learning Coalition**  
*of Escambia County*  
3300 N. Pace Blvd, Suite 210  
Pensacola, FL 32505

February 2018

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	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

FOR EACH DAY, CODE AS FOLLOWS :  
**X** = Enrolled/Present  
**T** = Terminated  
**C** = Temporary closure beyond provider's control

**E** = Absence day 1 - 3 (No documentation required)  
**A** = Absence beyond 3 days (Documentation required)

Period From: 02/01/2018 To: 02/28/2018 Page: of:  
 I certify the attendance on this form to be true and correct.  
 Authorized Signature: \_\_\_\_\_