ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN

February 2019

Return To :

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	F 1	S 2	S 3	M 4	T 5	W 6	T 7	F 8	S 9	S 10	M 11	T 12	W 13	T 14	F 15	S 16	S 17	M 18	T 19	W 20	T 21	F 22	S 23	S 24	M 25	T 26	W 27	T 28			DAYS ATTND	REDETERM DATE

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)

To the best of my knowledge, this is a true and accurate invoice, and in accordance with the Statewide Provider Agreement.

Period From: 02/01/2019 **To:** 02/28/2019 **Page:** **of:**

I certify the attendance on this form to be true and correct.

Authorized Signature: