ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN

January 2019

Return To :

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	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	S	S	M	T	W	T	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
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: 01/01/2019 **To:** 01/31/2019 **Page:** **of:**

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

Authorized Signature: