

ENROLLMENT/ATTENDANCE CERTIFICATION VOLUNTARY PRE-KINDERGARTEN

Return To: _____

October 2018

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	October 2018																															DAYS ATTND	REDETERM DATE					
						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	S	S	M	T	W							
						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)

Period From: 10/01/2018 To: 10/31/2018 Page: of:

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

Authorized Signature: _____