

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

Return To: \_\_\_\_\_

September 2018

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	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	S	S	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					

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: 09/01/2018 To: 09/30/2018 Page: of:  
I certify the attendance on this form to be true and correct.  
Authorized Signature: \_\_\_\_\_