

**ENROLLMENT/ATTENDANCE CERTIFICATION  
SCHOOL READINESS**

Return To :  
EARLY LEARNING COALITION OF POLK COUNTY  
115 SOUTH MISSOURI AVENUE SUITE 501  
LAKELAND, FL 33815  
Phone: (863)733-9064

August 2017

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	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

FOR EACH DAY, CODE AS FOLLOWS :

**X** = Enrolled/Present  
**A** = Authorized Absence beyond 3 days  
**T** = Terminated  
**E** = Excused Absence  
**H** = Reimbursable Holiday  
**N** = Enrolled, Non-Reimbursable

**Period From:** 08/01/2017    **To:** 08/31/2017    **Page:**      **of:**

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I understand that it is my responsibility to collect all assessed Parent fees.

**Authorized Signature:** \_\_\_\_\_