

**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

February 2018

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W			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: 02/01/2018 **To:** 02/28/2018 **Page:** **of:**

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

Authorized Signature: