

**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

January 2018

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	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	DAYS	REDETERM
						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	ATTND	DATE

FOR EACH DAY, CODE AS FOLLOWS :

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

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

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

Authorized Signature: