

ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

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

March 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 | T | F | S | S | M | T | W | T | F | 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 | 31 | | |
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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: 03/01/2018 To: 03/31/2018 Page: of:

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

Authorized Signature: