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
September 2017	

CHILD       PARENT       FUNDING       AGE       UNT OF       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       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       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       T       F       S       S       M       T       W       T       F       S       S       M       T       W       T       F       S       S       M       T       W       T       F <th>DATE</th>	DATE

FOR EACH DAY, CODE AS FOLLOWS :

X = Enrolled/Present
 A = Authorized Absence beyond 3 days
 T = Terminated

E = Excused AbsenceH = Reimbursable HolidayN = Enrolled, Non-Reimbursable

 Period From:
 09/01/2017
 To:
 09/30/2017
 Page:
 of:

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

 Authorized Signature: