

ENROLLMENT/ATTENDANCE CERTIFICATION SCHOOL READINESS

Return To :
ELC OF NORTHWEST FL - REGIONAL OFFICE 3
703 W 15TH STREET, SUITE A
PANAMA CITY, FL 32401
Phone: (850)747-5400 Fax: (850)747-5450

July 2018

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	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	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						

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: 07/01/2018 To: 07/31/2018 Page: of:

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

Authorized Signature: