

## ENROLLMENT/ATTENDANCE CERTIFICATION SCHOOL READINESS

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

June 2019

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	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					

FOR EACH DAY, CODE AS FOLLOWS :

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

**Period From:** 06/01/2019      **To:** 06/30/2019      **Page:**      **of:**

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

**Authorized Signature:**