ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN

April 2019

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

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	M 1	T 2	W 3	T 4	F 5	S 6	S 7	M 8	T 9	W 10	T 11	F 12	S 13	S 14	M 15	T 16	W 17	T 18	F 19	S 20	S 21	M 22	T 23	W 24	T 25	F 26	S 27	S 28	M 29	T 30		DAYS ATTND	REDETERM DATE

FOR EACH DAY, CODE AS FOLLOWS :

X = Enrolled/Present
T = Terminated
C = Temporary closure beyond provider's control
E = Absence day 1 - 3 (No documentation required)
A = Absence beyond 3 days (Documentation required)

Period From: 04/01/2019 **To:** 04/30/2019 **Page:** **of:**

I certify the attendance on this form to be true and correct.

Authorized Signature: