

### ENROLLMENT/ATTENDANCE CERTIFICATION VOLUNTARY PRE-KINDERGARTEN

June 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	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> = Absence day 1 - 3 (No documentation required)
<b>T</b> = Terminated	<b>A</b> = Absence beyond 3 days (Documentation required)
<b>C</b> = Temporary closure beyond provider's control	

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

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

**Authorized Signature:** \_\_\_\_\_