

**ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN**

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

July 2019

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	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	DAYS	REDETERM
						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	ATTND	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: 07/01/2019 **To:** 07/31/2019 **Page:** **of:**
 I certify the attendance on this form to be true and correct.
Authorized Signature: