Provider Name:

ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

August 2018

Return To :
EARLY LEARNING COALITION OF BROWARD COUN
6301 NW 5TH WAY, SUITE 3400
FT. LAUDERDALE, FL 33309
Phone: (954)377-2188 Fax: (954)377-2192

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	W 1	T 2	F 3	S 4	S 5	M 6	T 7	W 8	T 9	F 10	S 11	S 12	M 13	T 14	W 15	T 16	F 17	S 18	S 19	M 20	T 21	W 22	T 23	F 24	S 25	S 26	M 27	T 28	W 29	T 30	F 31	DAYS ATTND	REDETERM DATE

FOR EACH DAY, CODE AS FOLLOWS :

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

Period From: 08/01/2018 **To:** 08/31/2018 **Page:** **of:**

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

Authorized Signature: