ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN

November 2009

Return To :
THE ELC OF ESCAMBIA COUNTY
3636 NORTH "L" STREET
PENSACOLA, FL 32505
Phone: (850)595-5400 Fax: (850)595-5405

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	S 1	M 2	T 3	W 4	T 5	F 6	S 7	S 8	M 9	T 10	W 11	T 12	F 13	S 14	S 15	M 16	T 17	W 18	T 19	F 20	S 21	S 22	M 23	T 24	W 25	T 26	F 27	S 28	S 29	M 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: 11/01/2009 **To:** 11/30/2009 **Page:** **of:**

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

Authorized Signature: