ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN

October 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	T 1	F 2	S 3	S 4	M 5	T 6	W 7	T 8	F 9	S 10	S 11	M 12	T 13	W 14	T 15	F 16	S 17	S 18	M 19	T 20	W 21	T 22	F 23	S 24	S 25	M 26	T 27	W 28	T 29	F 30	S 31	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: 10/01/2009 **To:** 10/31/2009 **Page:** **of:**

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

Authorized Signature: