ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

April 2010

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		DAYS ATTND	REDETERM DATE

To the best of my knowledge this is a true and accurate invoice.

***Note: I understand by signing below I agree to the terms specified in the Annual Early Learning Voucher Agreement.

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: 04/01/2010 **To:** 04/30/2010 **Page:** **of:**

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

Authorized Signature: