ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

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

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

Authorized Signature: