ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

February 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	M 1	T 2	W 3	T 4	F 5	S 6	S 7	M 8	T 9	W 10	T 11	F 12	S 13	S 14	M 15	T 16	W 17	T 18	F 19	S 20	S 21	M 22	T 23	W 24	T 25	F 26	S 27	S 28				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: 02/01/2010 **To:** 02/28/2010 **Page:** **of:**

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

Authorized Signature: