ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

January 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	F 1	S 2	S 3	M 4	T 5	W 6	T 7	F 8	S 9	S 10	M 11	T 12	W 13	T 14	F 15	S 16	S 17	M 18	T 19	W 20	T 21	F 22	S 23	S 24	M 25	T 26	W 27	T 28	F 29	S 30	S 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: 01/01/2010 **To:** 01/31/2010 **Page:** **of:**

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

Authorized Signature: