ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS

November 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	S 1	M 2	T 3	W 4	T 5	F 6	S 7	S 8	M 9	T 10	W 11	T 12	F 13	S 14	S 15	M 16	T 17	W 18	T 19	F 20	S 21	S 22	M 23	T 24	W 25	T 26	F 27	S 28	S 29	M 30		DAYS ATTND	REDETERM DATE

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: 11/01/2009 **To:** 11/30/2009 **Page:** **of:**

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

Authorized Signature: