



## Early Learning Coalition of Escambia County School Readiness Services Absence Report

Today's Date: \_\_\_\_\_

Child Care Provider: \_\_\_\_\_

Please complete the information below for **each** child that is absent from your program.

**Child Name** \_\_\_\_\_

**Protective Services?** Yes \_\_\_\_ No \_\_\_\_

Did parent provide reason for absence? \_\_\_\_ If yes, state reason \_\_\_\_\_

Enter dates of absence \_\_\_\_\_

**Child Name** \_\_\_\_\_

**Protective Services?** Yes \_\_\_\_ No \_\_\_\_

Did parent provide reason for absence? \_\_\_\_ If yes, state reason \_\_\_\_\_

Enter dates of absence \_\_\_\_\_

**Child Name** \_\_\_\_\_

**Protective Services?** Yes \_\_\_\_ No \_\_\_\_

Did parent provide reason for absence? \_\_\_\_ If yes, state reason \_\_\_\_\_

Enter dates of absence \_\_\_\_\_

**Child Name** \_\_\_\_\_

**Protective Services?** Yes \_\_\_\_ No \_\_\_\_

Did parent provide reason for absence? \_\_\_\_ If yes, state reason \_\_\_\_\_

Enter dates of absence \_\_\_\_\_

Person submitting form: \_\_\_\_\_

(Please print)

**Form must be submitted by Email to: [absent@elcescambia.org](mailto:absent@elcescambia.org) or Faxed to 850-466-3716  
As of January 1, 2016 you can no longer phone in your absences.  
This form must be submitted by "NOON" each business day.**