



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 or Faxed to 850-466-3783

As of January 1, 2016 you can no longer phone in your absences.

This form must be submitted by "NOON" each business day.