



Month:

August 2023

Provider Name:

Child Name:

Day	Date	AM In	AM Out	Signature	PM In	PM Out	Signature
Tue	8/1						
Wed	8/2						
Thu	8/3						
Fri	8/4						
Sat	8/5	*	*	*	*	*	*
Sun	8/6	*	*	*	*	*	*
Mon	8/7						
Tue	8/8						
Wed	8/9						
Thu	8/10						
Fri	8/11						
Sat	8/12	*	*	*	*	*	*
Sun	8/13	*	*	*	*	*	*
Mon	8/14						
Tue	8/15						
Wed	8/16						
Thu	8/17						
Fri	8/18						
Sat	8/19	*	*	*	*	*	*
Sun	8/20	*	*	*	*	*	*
Mon	8/21						
Tue	8/22						
Wed	8/23						
Thu	8/24						
Fri	8/25						
Sat	8/26	*	*	*	*	*	*
Sun	8/27	*	*	*	*	*	*
Mon	8/28						
Tue	8/29						
Wed	8/30						
Thu	8/31						

Parent Signature:

Provider Signature:

Parent Date Signed:

Provider Date Signed:

Parent(s)/Guardian(s) are responsible for the accurate reporting of their child(ren)'s attendance and its documentation to the Early Learning Coalition.