



Provider Name: _____

Month:

September 2023

Child Name: _____

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

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.