



Month:

October 2023

Provider Name:

Child Name:

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

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.