



Month:

Provider Name:

November 2023

Child Name:

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

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.