



Provider Name: _____

Month:

April 2024

Child Name: _____

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

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.