



Month:

February 2024

Provider Name:

Child Name:

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

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.