



Month:

January 2024

Provider Name:

Child Name:

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

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.