



Provider Name: _____

Month:

May 2024

Child Name: _____

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

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.