



Provider Name: _____

Month: _____

May 2025

Child Name: _____

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