



Provider Name:

Month:

June 2025

Child Name:

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

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.