



Provider Name:

Month:

August 2025

Child Name:

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

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.