



Provider Name: _____

Month: _____

July 2025

Child Name: _____

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

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.