



Provider Name:

Month:

September 2025

Child Name:

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

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.