Early Learning Coalition OF THE EMERALD COAST

Provider Name:

Month: December 2025

Child Name:

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

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.