



Provider Name: _____

Month: _____

November 2025

Child Name: _____

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

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.