Early Learning Coalition OF THE EMERALD COAST

Provider Name:

Month: October 2025

Child Name:

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

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.