



Provider Name: _____

Month: _____

February 2026

Child Name: _____

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

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.