



Month:

January 2026

Provider Name:

Child Name:

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

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.