



Provider Name: _____

Month:

June 2026

Child Name: _____

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

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.