



Provider Name: \_\_\_\_\_

Month:

May 2026

Child Name: \_\_\_\_\_

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

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.