



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

Month:

August 2026

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

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

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.