



Provider Name: _____

Month:

July 2026

Child Name: _____

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

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.