



Provider Name: _____

Month: **September 2026**

Child Name: _____

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

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.