Early Learning Coalition OF THE EMERALD COAST

Provider Name:

Month: December 2026

Child Name:

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

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.