Early Learning Coalition OF THE EMERALD COAST

Provider Name:

Month: October 2026

Child Name:

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

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.