



Provider Name: _____

Month: _____

August 2024

Child Name: _____

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