



Provider Name: _____

Month:

September 2024

Child Name: _____

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