



Provider Name: _____

Month:

November 2024

Child Name: _____

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

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.