



Provider Name: _____

Month: _____

October 2024

Child Name: _____

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