

**ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS**

Return To :
ELC OF NORTHWEST FL - REGIONAL OFFICE 3
703 W 15TH STREET, SUITE A
PANAMA CITY, FL 32401
Phone: (850)747-5400 Fax: (850)747-5450

September 2018

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	DAYS ATTND	REDETERM DATE	
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23			24

FOR EACH DAY, CODE AS FOLLOWS :

X = Enrolled/Present **E** = Excused Absence
A = Authorized Absence beyond 3 days **H** = Reimbursable Holiday
T = Terminated **N** = Enrolled, Non-Reimbursable

Period From: 09/01/2018 **To:** 09/30/2018 **Page:** **of:**

I understand that it is my responsibility to collect all assessed Parent fees.

Authorized Signature: