PROVIDER # (ID):

PROVIDER NAME:

ADDRESS:

MAILING ADDRESS:

PHONE #:

ATTENDANCE / CERTIFICATION ROSTER

FUNDING PROGRAM:

FOR THE MONTH OF:

Early Learning Coalition of Palm Beach County
Ready to Learn. Ready for Life.

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DAYS ATTEND

FOR EACH DAY ABOVE, USE CODE AS FOLLOWS:	
X = Enrollment /Present	E = Excused Absence
A = Authorized Absence beyond 3 days	H = Reimbursable Holiday
T = Terminated	N = Enrolled, Non-Reimbursable

Provider Signature: _____

Date: _____