



Sponsorship by the Early Learning Coalition of Seminole and the State of Florida, Agency for Workforce Innovation  
 Contract services provided by Community Coordinated Care for Children, Inc.



**Monthly Attendance Verification**

**Provider Name:** \_\_\_\_\_

Child Name:		Month:		Year:		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____
Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____
Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____
Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____
Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____
Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____
Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____	Time In: _____
Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____	Time Out: _____
Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____	Parent Initials: _____
Date: _____	Date: _____	Date: _____	<b>Notes:</b>			
Time In: _____	Time In: _____	Time In: _____				
Time Out: _____	Time Out: _____	Time Out: _____				
Parent Initials: _____	Parent Initials: _____	Parent Initials: _____				

I certify that my child attended the School Readiness Program on the days entered on this form to be true and correct. I know that if I knowingly provide false information, I am liable for prosecution under state law. I know it is my responsibility to ensure that my child is signed in and out daily. Failure to do so may result in my being responsible for paying the cost of the child care or termination of my child services. *This form should be initialed by the parent daily, and signed after the child's last attendance day during that month, and no later than the following month.*

Parent Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Signed Date: \_\_\_\_\_