

PARENT NAME: _____

MONTH: _____

Please indicated the time you arrived and left your activity. A daily signature is required.

1	Time In		AM/PM	Time Out		AM/PM	Signature:	
2	Time In		AM/PM	Time Out		AM/PM	Signature:	
3	Time In		AM/PM	Time Out		AM/PM	Signature:	
4	Time In		AM/PM	Time Out		AM/PM	Signature:	
5	Time In		AM/PM	Time Out		AM/PM	Signature:	
6	Time In		AM/PM	Time Out		AM/PM	Signature:	
7	Time In		AM/PM	Time Out		AM/PM	Signature:	
8	Time In		AM/PM	Time Out		AM/PM	Signature:	
9	Time In		AM/PM	Time Out		AM/PM	Signature:	
10	Time In		AM/PM	Time Out		AM/PM	Signature:	
11	Time In		AM/PM	Time Out		AM/PM	Signature:	
12	Time In		AM/PM	Time Out		AM/PM	Signature:	
13	Time In		AM/PM	Time Out		AM/PM	Signature:	
14	Time In		AM/PM	Time Out		AM/PM	Signature:	
15	Time In		AM/PM	Time Out		AM/PM	Signature:	
16	Time In		AM/PM	Time Out		AM/PM	Signature:	
17	Time In		AM/PM	Time Out		AM/PM	Signature:	
18	Time In		AM/PM	Time Out		AM/PM	Signature:	
19	Time In		AM/PM	Time Out		AM/PM	Signature:	
20	Time In		AM/PM	Time Out		AM/PM	Signature:	
21	Time In		AM/PM	Time Out		AM/PM	Signature:	
22	Time In		AM/PM	Time Out		AM/PM	Signature:	
23	Time In		AM/PM	Time Out		AM/PM	Signature:	
24	Time In		AM/PM	Time Out		AM/PM	Signature:	
25	Time In		AM/PM	Time Out		AM/PM	Signature:	
26	Time In		AM/PM	Time Out		AM/PM	Signature:	
27	Time In		AM/PM	Time Out		AM/PM	Signature:	
28	Time In		AM/PM	Time Out		AM/PM	Signature:	
29	Time In		AM/PM	Time Out		AM/PM	Signature:	
30	Time In		AM/PM	Time Out		AM/PM	Signature:	
31	Time In		AM/PM	Time Out		AM/PM	Signature:	

By signing in this form, I certify that the information given is true and complete. I understand School Readiness Services are subject to the availability of funding and placement priorities. I give ELCFH consent to contact the my school to confirm the above information. I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances, my case may be terminated and or referred to the Florida Department of Law Enforcement for action. **I understand that this document is due to the ELCFH office by the first (1st) working day of each month.**

Client Signature _____

Date _____

School Official

I have reviewed the above information submitted by the student/client and verify that the information is true and correct.

X
School Official Signature _____

Printed Name _____

Date _____

Contact Telephone Number _____