

A Every roster must include this information

B Only use for the School Readiness Program

SAMPLE

**ENROLLMENT/ATTENDANCE CERTIFICATION
SCHOOL READINESS**

LICENSED CENTER SUB

January 2013

ABC 123 PRESCHOOL AND DAY CARE (XXXXX6789 000)
123 APPLE LANE
TOWNSVILLE, FL 12345
(123)456-7890 Vendor: 56789

Return To:
ELC OF PASCO AND HERNANDO COUNTIES, INC.
15506 COUNTY LINE ROAD, SUITE 103
SPRING HILL, FL 34610
Phone: (727)233-8291 Fax: (727)361-9928

NAME	CHILD ID	PARENT FEE	FUNDING SOURCE	AGE LEVEL	UNIT OF CARE	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	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			25	26	27	28	29	30	31
C BARKER, BETTY	XXX-XX-1111	0.50	BG1	INF	FT	H	X	X	X			X	X	X	E	X			X	X	X	X	E			H	X	X	X	X			E	X	X	X		03/01/2013
Up to 3 Absences allowed per month no documentation required. Mark these with an "E"												C-1						Mark all days the child is present with an "X"																				
D JOHNSON, JONATHON	XXX-XX-2222	1.00	BG1	TOD	FT	H	X	X	X			X	X	X	X	X			X	X	X	X	X			H	E	E	E	X			X	X	A	X		02/15/2013
Any absences beyond 3 days in one month AND accompanied by appropriate documentation mark with an "A"																																						
E SMITH, SUSIE	XXX-XX-3333	0.80	BG5	2YR	PT	H										X	X	X	X	X						H	X	X	X	X			X	X	X	X		04/12/2013
Once a child is eligible begin recording attendance on the 1st day the child is present. DO NOT enter attendance prior to eligibility																																						
F DOE, DONALD	XXX-XX-4444	1.00	BG5	PR3	FT	H	X		X			X	X	X			X	X	X							H		X		X			X	X			03/15/2013	
Only record attendance "X" or absences "E" "A" for days a child is eligible. Leave ineligible days blank. Example: 3 days per week schedule.																																						
G FRANK, FRANCIS	XXX-XX-5555	3.00	BG8	PR4	FT	H	X	X	X			X	X	X	E	E			E	A	A	A	A			H	A	A	A	N			N	X	X	X		02/28/2013
Absences exceeding 10 days with or without documentation are non-reimbursable. Mark these with "N"																																						
H ANDERSON, ABIGAIL	XXX-XX-6666	0.75	BG8	PR5	PT	H	X	X	X			X	X	X	X	X																						03/15/2013
When a child is terminated, mark a "T" after the last day of attendance and notify Eligibility immediately.																																						
I ZIMMERMAN, ZACH	XXX-XX-7777	1.60	BG8	SCH	PT	H	E	E	E			X	X	X	X	X			X	X	X	X	X			H	X	X	X	X			X	X	X	X		03/01/2013
ELC follows the County School Board calendar for school age children. Full time reimbursement is for children in attendance AND eligible when public schools are closed. Scheduled Holidays and excused or authorizes absences will pay the part time rate for school age children. Please contact Reimbursement with any questions regarding "half days" for school age children.																																						

J Refer to your provider yearly application to ensure the holidays marked on your roster match those you have scheduled.

K Office use only. DO NOT fill in Days Attended column.

FOR EACH DAY, CODE AS FOLLOWS:

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

Period From: 01/01/2013 **To:** 01/31/2013 **Page:** 1 of: 1

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

Authorized Signature:

L Signature is required