A

Every roster must include this information

SAMPLE

B

Use only for the VPK program

ALPHABET CITY PRESCHOOL AND DAY CARE (XXXXX4321 000)
456 PEAR LANE
TOWNSVILLE, FL 12345
(555)123-4567
Funding Contract: VPK Vendor: 54321
A123 AM VPK 9:00 - 12:00

ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN

LICENSED CENTER SUB

January 2013

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 1	W 2	T 3	F 4	S 5	S 6	M 7	T 8	W 9	T 10	F 11	S 12	S 13	M 14	T 15	W 16	T 17	F 18	S 19	S 20	M 21	T 22	W 23	T 24	F 25	S 26	S 27	M 28	T 29	W 30	T 31	DAYS ATTND	REDETERM DATE
C	ANDREWS, ADAM	XXX-XX-1111	0.00	VPK	PR4	HR								X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X		06/30/2013
	Mark all days the child is present with an "X"																																						
D	BALDWIN, WILLIAM	XXX-XX-2222	0.00	VPK	PR4	HR								X	X	X	X			X	X	E	E	X			X	X	X	X	X			E	E	X	X		06/30/2013
	Any and all absences should be marked with an "E". Reimbursement is automatically calculated according to an 80% attendance 20% absence rule.																																						
E	DONALDSON, DONNA	XXX-XX-3333	0.00	VPK	PR4	HR														X	X	X	X	X			X	X	X	X	X			X	X	X	X		06/30/2013
	Once you have received confirmation from Eligibility that the child is enrolled, begin recording attendance on the 1st day the child is present. DO NOT enter attendance prior to confirming the child's enrollment status.																																						
F	GRIFFIN, GREGORY	XXX-XX-4444	0.00	VPK	PR5	HR								X	X	X	X			X	X	X	X	X			X	X	X	X	X			T					06/30/2013
	When a child is terminated mark a "T" after the last day of attendance and notify Eligibility as soon as possible.																																						
G	Jefferson, George	5555																					X	X			X	X	X	X	X			X	X	X	X		
	Newly enrolled children may be handwritten in after provider receives confirmation of enrollment.																																						

I

Office use only. DO NOT fill in Days Attended Column.

H

No absence documentation is accepted for VPK children.

FOR EACH DAY, CODE AS FOLLOWS :

X = Enrolled/Present
T = Terminated
C = Temporary closure beyond provider's control
E = Absence day 1 - 3 (No documentation required)
A = Absence beyond 3 days (Documentation required)

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

I certify the attendance on this form to be true and correct.

Authorized Signature:

J

Signature is required