ENROLLMENT/ATTENDANCE CERTIFICATION
VOLUNTARY PRE-KINDERGARTEN

Return To :
CHILDHOOD DEVELOPMENT SERVICES, INC.
1601 NE 25TH AVE ST900
OCALA, FL 34470
Phone: (352)629-0055 Fax: (352)629-4307

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

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 **To:** **Page:** **of:**

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

Authorized Signature: