

**SCHOOL READINESS PROGRAM
REPORT OF CHILD NON-ATTENDANCE**



Date: _____

Provider Name: _____

Contact Person: _____ Phone Number: _____

The child(ren) listed below have been absent for FIVE (5) consecutive business days without notification from the parent or guardian.

Child Name	Date of First Unexcused Absence	Date of Fifth Unexcused Absence

NOTE:

Upon receiving notification of FIVE (5) consecutive absences, the Early Learning Coalition of Osceola County or its Direct Service Provider, 4C, will re-evaluate the need for services. School Readiness services will be terminated for any child with FIFTEEN (15) consecutive unexcused absences per month.

The child(ren) listed below have withdrawn from my School Readiness Program. I was notified of this withdrawal by the child's parent/guardian.

Child Name	Last Date of Attendance	Date Notified of Withdrawal

ATTESTATION

I attest that the information above is accurate. I understand that it is my responsibility, as the child care provider, to notify the Coalition or its designee no more than twenty four (24) hours after the fifth (5th) consecutive absence has occurred, as per F.S. 1002.87(2)(8). I also understand that failure to report unexcused absences of five (5) consecutive days will result in a notice of non-compliance and that multiple non-compliance occurrences may result in the termination of our School Readiness Provider Contract, per Coalition Policy 430A.04.

Authorized Provider Representative Name (please print) Position

Authorized Provider Representative Signature Date

Return this form to 4C via fax at 321-219-6017