

Date:

Early Learning Coalition:

Name of person completing form:

Name of person certifying attendance (if different):

Attendance month(s):

Attendance year(s):

Provider ID(s):

By signing this section of the form I certify that:

- My early learning coalition has permission to complete the online attendance process on my behalf for the months indicated on this form.

Signature of person certifying attendance: _____ Date: _____

By signing this section of the form I certify that:

- I have examined this School Readiness monthly attendance for payment reimbursement and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand sign in/out sheets must be maintained for monitoring purposes and may be uploaded to the statewide provider portal document library.

Signature of person certifying attendance: _____ Date: _____

RODNEY J. MACKINNON
EXECUTIVE DIRECTOR, OFFICE OF EARLY LEARNING