

Provider's Name

Phone Number

Address

Report Month

Provider ACCIS

Year

Key

- A = Absent || Ausente
- P = Present || Presente
- R = Remote || Remota
- H = Holiday || Fiesta
- CL = Clerical Day || Dia Clerical
- PL = Professional Learning Day
- Dia De Aprendizaje Profesional



3K CHILDREN ONLY

	NAME OF CHILD	D.O.B.	Days of the Month																													Total Days					
			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			
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<p>By Printing your name below, the person completing this form is affirming that the attendance entered is accurate and true.</p>	<p>Al imprimir su nombre a continuación, la persona que completa este formulario afirma que la asistencia ingresada es precisa y verdadera.</p>
<p>PRINT FULL NAME:</p>	<p>IMPRIMA EL NOMBRE COMPLETO:</p>