

Provider's Name

Phone Number

Address

Report Month

Provider ACCIS

Year

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



NETWORK 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		
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
11																																				
12																																				

By Printing your name below, the person completing this form is affirming that the attendance entered is accurate and true.	Al imprimir su nombre a continuación, la persona que completa este formulario afirma que la asistencia ingresada es precisa y verdadera.
PRINT FULL NAME:	IMPRIMA EL NOMBRE COMPLETO: