

REPORT OF VPK ATTENDANCE

Parent Information:

Parent/Guardian Name: _____ Phone: _____
Address: _____

Provider Information:

Provider Name: _____ Phone: _____
Address: _____ Fax: _____

DAILY ATTENDANCE & ENROLLMENT ROSTER FOR THE
MONTH OF _____, 201__.

Name of Child:	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

We certify that all information provided on this form is true and accurate. We are aware that we must report immediately to Episcopal Children's Services any changes to the VPK program.

Provider's Signature: _____ Date: _____

Please submit with a completed VPK Payment Correction Request form.

Mail to: Episcopal Children's Services, Attn: VPK, 8443 Baymeadows Rd, Suite 1, Jacksonville, FL 32256 or Fax: (904) 726-1522