

EXCESSIVE ABSENCES

Record of Parental Contact

Center Name: _____

Contact: _____ Phone: _____

Child Name: _____

Parent Name: _____

Dates of Absences: _____

Reason for Absences: Illness/Medical Appointment

Court Order

Other: (Please specify below)

Date of Parental Contact: _____

If parental contact made, please submit this form with monthly attendance sheet.

NO PARENTAL CONTACT :

DATES CONTACT ATTEMPTED: _____

OUTCOME: _____

(i.e. Message left on machine, No answer, Phone Disconnected, etc.)

If unable to contact parent, form MUST be faxed by close of business on the 5th consecutive day of absence .

EARLY LEARNING COALITION of Brevard County, Inc.

Rockledge Office PO Box 560692, Rockledge, FL 32956 Phone: 321-637-1800 Fax: 321-637-1897

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