GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION • DIVISION OF EARLY LEARNING CHILD CARE SUBSIDY PROGRAM DAILY EARLY CHILDHOOD EDUCATION ATTENDANCE FORM

NAME OF PROVIDER & ADDRESS:									ZI	P COD	E:								WA	RD:			T	IER:						APAC			
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This Form must be returned by the fifth working day of each month. Failure to return this form will result in delay of payment.

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U: Unexcused Absent EX: Excused Absent AC: Approved Closure UC: Unapproved Closure H: Holiday T: Terminated E: Enter V: Vacation Blank box indicates child present for the day.

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NAME OF PROVIDER &	ADDRESS:							Z	IP CO	DE:						1	NARD	:		Т	IER:			# of Int			CITY	/:
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Alphabetize by Last Name	SSN (LAST 4 Digits)	AUL .	S M	TW	Т	FS	S M	Т	W	TF	S	S	Μ	ΤV	VT	F S	S	M	TW	νт	F S	S	M	W	Т	FS	1	COMMENTS

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