



# Episcopal Children's Services

## 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 \_\_\_\_\_, 200\_\_.

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.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_ Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit with a completed VPK Payment Correction Request form.***

Mail to: Episcopal Children's Services, Attn: VPK, 100 Bell Tel Way, Suite 100, Jacksonville, FL 32216 or Fax: (904) 726-1516