

2022-2023 VPK Completer's Program Attendance Certification for: Week _____

Provider: Week #:			Legend: X = present or E = excused (documentation required)				
Child ID:			Mon	Tues	Wed	Thurs	Fri
First 3 letters of the first name	First 3 letters of the last name	VPK Certificate #					
The attendance, as represented above, is accurate to the best of my knowledge:							
Authorized Signature			Date				
Title							

*Please email this document to phouston@elcirmo.org; mhamblet@elcirmo.org; slewis@elcirmo.org; elopez@elcirmo.org biweekly before Monday at 8 a.m.