

## 2022-2023 VPK Completer's Program Attendance

Certification for: Week Month 01-07, 2023

Provider:	Name of Your School				esent o umentat		
Week #:	Week #1, 2, 3, or 4			equire			
Child ID:		Mon	Tues	Wed	Thurs	Fri	Ì

Child ID:			Mon	Tues	Wed	Thurs	Fri	
First 3 letters of the first name	First 3 letters of the last name	VPK Certificate #						
ABC	XYZ	123456	X	X	X	X	E	(
XYZ	ABC	789101	X	×	$\times$	$\succ$	X	
DEF	UVW	234567	E	X	X	X	X	(

The attendance, as represented above, is accurate to the best of my knowledge:

Authorized Signature

Date

What is your 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.