Tri-County Head Start/Early Head Start

Weekly Attendance Report

Center	Week of							
	Mon	Tues	; \	Wed		nurs	Fri	
	P: A:	P: A		A:	P:		P: A:	
Child's Name	Total Enrollment	Total Enrollmen	Total		Total Enrollr		Total Enrollment	
					_			
							_	
	Codo	Numbers a	nd Deceri	ntion				
. Sick/Toothache	2. Family Sickness/ I				٨	Dr /Denti	ist Appt	
. Physical Due	6. Immunization Du		 Hospitalization Death in Family 			 4. Dr./Dentist Appt. 8. Out of Town 		
P. Family Emergency	10. Personal Reasor	ns 1	11. Transportation			12. WIC Appt.		
3 Weather/Natural Disaster 7. Public School	14. Head Lice 18. Religious/ Cultur		5. Unable to C	nable to Contact			16. Left Message	
7. I UDIIC 3CHOOI		19. Other/ See Notes			20. Blank			