Month: _____

Daily Attendance / Tooth Brushing

Center: _____

Child's Name	Dates 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	**Days Present**	**Days Absent**	**Total Days**
Daily Totals																																		

E Enrolled **A** Absent √ Present With No Problems

O Problem-Documentation Needed **W** Withdrew **T** Transfer

I verify that, to the best of my knowledge, the above information is correct.

Teacher's Signature: _____