



FEBRUARY - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	2/1/21				
TUESDAY	2/2/21				
WEDNESDAY	2/3/21				
THURSDAY	2/4/21				
FRIDAY	2/5/21				
MONDAY	2/8/21				
TUESDAY	2/9/21				
WEDNESDAY	2/10/21				
THURSDAY	2/11/21				
FRIDAY	2/12/21				
MONDAY	2/15/21				
TUESDAY	2/16/21				
WEDNESDAY	2/17/21				
THURSDAY	2/18/21				
FRIDAY	2/19/21				
MONDAY	2/22/21				
TUESDAY	2/23/21				
WEDNESDAY	2/24/21				
THURSDAY	2/25/21				
FRIDAY	2/26/21				
MONDAY	-	-	-	-	-
TUESDAY	-	-	-	-	-
WEDNESDAY	-	-	-	-	-
THURSDAY	-	-	-	-	-
FRIDAY	-	-	-	-	-

STUDENT ID#: _____ PROVIDER SIGNATURE/DATE: _____

EMAIL OR FAX FORM TO: [SSWIMBERLY27@LENOIRCC.EDU](mailto:sswimberly27@lenoircc.edu) / 252-233-6896 BY THE 5TH OF FOLLOWING MONTH