



SEPTEMBER - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	-	-	-	-	-
TUESDAY	9/1/20				
WEDNESDAY	9/2/20				
THURSDAY	9/3/20				
FRIDAY	9/4/20				
MONDAY	9/7/20				
TUESDAY	9/8/20				
WEDNESDAY	9/9/20				
THURSDAY	9/10/20				
FRIDAY	9/11/20				
MONDAY	9/14/20				
TUESDAY	9/15/20				
WEDNESDAY	9/16/20				
THURSDAY	9/17/20				
FRIDAY	9/18/20				
MONDAY	9/21/20				
TUESDAY	9/22/20				
WEDNESDAY	9/23/20				
THURSDAY	9/24/20				
FRIDAY	9/25/20				
MONDAY	9/28/20				
TUESDAY	9/29/20				
WEDNESDAY	9/30/20				
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