



NOVEMBER - CHILD CARE PROVIDER VERIFICATION

DAY	DATE	IN	OUT	ABSENT	NOTES
MONDAY	11/2/20				
TUESDAY	11/3/20				
WEDNESDAY	11/4/20				
THURSDAY	11/5/20				
FRIDAY	11/6/20				
MONDAY	11/9/20				
TUESDAY	11/10/20				
WEDNESDAY	11/11/20				
THURSDAY	11/12/20				
FRIDAY	11/13/20				
MONDAY	11/16/20				
TUESDAY	11/17/20				
WEDNESDAY	11/18/20				
THURSDAY	11/19/20				
FRIDAY	11/20/20				
MONDAY	11/23/20				
TUESDAY	11/24/20				
WEDNESDAY	11/25/20				
THURSDAY	11/26/20				
FRIDAY	11/27/20				
MONDAY	11/30/20				
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