



New Enrollment / Reclaim Reimbursement

Month: _____ Year: _____

- School Readiness New Enrollment
 Voluntary Pre-K Reclaim Reimbursement

Site Name: _____

Site Address: _____

Phone Number: _____

Key Code	
<input checked="" type="checkbox"/> School-Age Full Time	H Holiday (Reimbursable)
E Excused Absence (up to 3 days)	T Terminated
X Enrolled / Present	N Non-Reimbursable Enrolled
A Authorized Absence (beyond 3 days with Documentation)	C Temporary Closure

BG _____ Class _____

Child's Name	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	Total Days		

Provider Signature: _____

Date: _____