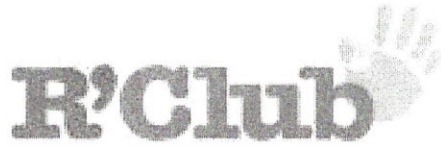


Site Name: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Site City State Zip: \_\_\_\_\_  
 Site Email: \_\_\_\_\_  
 Site Phone #: \_\_\_\_\_



Return to R'Club Special Services  
 4140 49th St. N  
 St. Pete FL 33709  
 727-578-5437  
 Fax: 727-547-2931

**SPECIALIZED CARE MONTHLY ENROLLMENT FORM**

CHILD 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	TERM DATE						

USE THE FOLLOWING CODES FOR ATTENDANCE  
 X= PRESENT  
 S= START DATE  
 T= TERMINATED  
 E= EXCUSED ABSENCE  
 H= REIMBURSABLE HOLIDAY

For R'Club Special Services Staff Only:  
 Days Enrolled: \_\_\_\_\_

Month and Year: \_\_\_\_\_  
 \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_  
 \_\_\_\_\_