



Monthly Attendance Checklist

Program Name: _____

Month: _____

Did you include the following?

_____ **Request for Payment** (all columns fully completed and calculated)

_____ **Summary of Classroom Attendance report** (applies to Guilford County Schools, Head Start and private centers with three or more classrooms)

_____ **NC Pre-K Attendance Report for each classroom (signed and dated)**

_____ **Subsidy Attendance Report (if applicable, signed and dated)**

_____ **Number of new subsidy children**

Bring this checklist with your attendance packet IN PERSON to our office (500 W. Friendly Ave., Suite 100, Greensboro, NC 27401) no later than 5pm on the 5th day of each month. No partial packets will be processed.

All staff must be approved in NC Pre-K Plan in order to receive payment. No exceptions will be made.