



WTS Attendance Designee Assurance Statement 2025-2026

I, _____ certify that child attendance will be taken daily, completed weekly in the Wake ThreeSchool (WTS) application database (BridgeCare), and submitted to Wake County Smart Start (WCSS) monthly. If a child has three or more unexcused absences, I will contact the WTS Enrollment Coordinator. I understand that it is the responsibility of the WTS Enrollment Coordinator to rescind a child's slot. I will submit attendance on the last day of each month by noon into WTS application database (BridgeCare). I agree to have this information monitored on a weekly basis by the Enrollment Coordinator and during Site Monitoring by the WTS Specialist.

Below please provide an email address you would like the monthly attendance sheets to be sent to. There is additional space provided to list additional designee's that are authorized to sign attendance. The monthly attendance sheets will be signed on the BridgeCare site.

Email Address: _____

Title: _____

Name: _____

Date: _____

Signature: _____

Additional Designee's

Name: _____ Email Address: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____