

PROVIDER'S NAME _____

PARENT/GUARDIAN SIGN-IN/OUT SHEETS

FULL SIGNATURES REQUIRED

CHILDS

NAME:

MONTH:

DATE	DAY	TIME IN	SIGN IN	TIME	SIGN OUT	B	a	L	pm	D
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						
		AM		AM						
		PM		PM						

PROVIDER SIGNATURE _____

DATE _____