

PARENT/GAURDIAN SIGN-IN/OUT SHEETS

FULL SIGNATURE REQUIRED

CHILDS

NAME:

MONTH:

DATE	DAY	TIME IN	SIGN IN	TIME OUT	SIGN OUT	B	A	L	P	D	E
1		AM PM		AM PM							
2		AM PM		AM PM							
3		AM PM		AM PM							
4		AM PM		AM PM							
5		AM PM		AM PM							
6		AM PM		AM PM							
7		AM PM		AM PM							
8		AM PM		AM PM							
9		AM PM		AM PM							
10		AM PM		AM PM							
11		AM PM		AM PM							
12		AM PM		AM PM							
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14		AM PM		AM PM							
15		AM PM		AM PM							
16		AM PM		AM PM							
17		AM PM		AM PM							
18		AM PM		AM PM							
19		AM PM		AM PM							
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26		AM PM		AM PM							
27		AM PM		AM PM							
28		AM PM		AM PM							
29		AM PM		AM PM							
30		AM PM		AM PM							
31		AM PM		AM PM							

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_