## BEFORE & AFTER CARE SIGN IN SIGN OUT SHEET

MONTH/YEAR

PROVIDER'S NAME: \_

CHIL	CHILD'S NAME:	NE:			U.	se full signat	ures. B & A Care does n	ot include e	Use full signatures. B & A Care does not include evening care or weekends
DATE	DAY of the WEEK	A.M.	SIGN IN	OUT A.M.		P.M.	SIGN IN	OUT P.M.	SIGN OUT
PROVID	PROVIDER SIGNATURE:	ATURE:					DATE:	ŭ	
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