June 2017

CHILD NAME:_____ PARENT NAME:_____

PROVIDER NAME:_____

DATE	DAY	PARENT SIGNATURE FIRST & LAST NAME	TIME IN	AM/PM	STAFF INITIAL	PARENT SIGNATURE FIRST & LAST NAME	TIME OUT	AM/PM	STAFF INITIAL
6/1/2017	THU								
6/2/2017	FRI								
6/3/2017	SAT								
6/4/2017	SUN								
6/5/2017	MON								
6/6/2017	TUE								
6/7/2017	WED								
6/8/2017	THU								
6/9/2017	FRI								
6/10/2017	SAT								
6/11/2017	SUN								
6/12/2017	MON								
6/13/2017	TUE								
6/14/2017	WED								
6/15/2017	THU								
6/16/2017	FRI								
6/17/2017	SAT								
6/18/2017	SUN								
6/19/2017	MON								
6/20/2017	TUE								
6/21/2017	WED								
6/22/2017	THU								
6/23/2017	FRI								
6/24/2017	SAT								
6/25/2017	SUN								
6/26/2017	MON								
6/27/2017	TUE								
6/28/2017	WED								
6/29/2017	THU								
6/30/2017	FRI								

If it is discovered that this information is false, you may be prosecuted for fraud. It is against the law to receive child care or be reimbursed by submitting false information. Please check that days, time in/out & signatures reported, match the attendance verification forms.

I verify that the information on this sign in/out sheet is correct.

_____ _____

Parent(s) Signature and Date **Provider(s) Signature and Date**