OCTOBER 2016

CHILD NAME:_____PARENT NAME:_____

PROVIDER NAME:_____

DATE		PARENT SIGNATURE	TIME IN	AM/PM	STAFF INITIAL	PARENT SIGNATURE	TIME OUT	AM/PM	STAFF INITIAL
		FIRST & LAST NAME				FIRST & LAST NAME			
10/3/2016	MON								
10/4/2016	TUE								
10/5/2016	WED								
10/6/2016	THU								
10/7/2016	FRI								
10/10/2016	MON								
10/11/2016	TUE								
10/12/2016	WED								
10/13/2016	THU								
10/14/2016	FRI								
10/17/2016	MON								
10/18/2016	TUE								
10/19/2016	WED								
10/20/2016	THU								
10/21/2016	FRI								
10/24/2016	MON								
10/25/2016	TUE								
10/26/2016	WED								
10/27/2016	THU								
10/28/2016	FRI								
10/31/2016	MON								