July 2024

CHILD NAME:	PARENT NAME:
PROVIDER NAME:	

DATE	DAY	PARENT SIGNATURE	TIME IN	AM/PM	STAFF INITIAL	PARENT SIGNATURE	TIME OUT	AM/PM	STAFF INITIAL
		FIRST & LAST NAME				FIRST & LAST NAME			
7/1/2024	MON								
7/2/2024	TUE								
7/3/2024	WED								
7/4/2024	THU								
7/5/2024	FRI								
7/6/2024	SAT								
7/7/2024	SUN								
7/8/2024	MON								
7/9/2024	TUE								
7/10/2024	WED								
7/11/2024	THU								
7/12/2024	FRI								
7/13/2024	SAT								
7/14/2024	SUN								
7/15/2024	MON								
7/16/2024	TUE								
7/17/2024	WED								
7/18/2024	THU								
7/19/2024	FRI								
7/20/2024	SAT								
7/21/2024	SUN								
7/22/2024	MON								
7/23/2024	TUE								
7/24/2024	WED								
7/25/2024	THU								
7/26/2024	FRI								
7/27/2024	SAT								
7/28/2024	SUN								
7/29/2024	MON								
7/30/2024	TUE								
7/31/2024	WED								

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