

June 2025

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			
6/2/2025	MON								
6/3/2025	TUE								
6/4/2025	WED								
6/5/2025	THU								
6/6/2025	FRI								
6/9/2025	MON								
6/10/2025	TUE								
6/11/2025	WED								
6/12/2025	THU								
6/13/2025	FRI								
6/16/2025	MON								
6/17/2025	TUE								
6/18/2025	WED								
6/19/2025	THU								
6/20/2025	FRI								
6/23/2025	MON								
6/24/2025	TUE								
6/25/2025	WED								
6/26/2025	THU								
6/27/2025	FRI								
6/30/2025	MON								

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