MONTH: _____ MONTHLY YEAR: _____

SIGN IN/ SIGN OUT SHEET
PLEASE PRINT

FAMILY CHILD CARE HOME: _____

CHILD: _____ _____ _____
Last Name First Name Middle In.

BEFORE AND AFTER SCHOOL ARRIVAL AND DEPARTURE TIMES NEED TO BE REFLECTED BY SIGNING IN AND OUT BOTH TIMES IN THE MORNING AND AFTERNOON.

DATE	DAY	TIME IN		PARENT/GUARDIAN SIGNATURE (OPTIONAL)	TIME OUT		PARENT/GUARDIAN SIGNATURE (OPTIONAL)
		AM	PM		AM	PM	
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