



Provider: \_\_\_\_\_  
Child Proper Name: \_\_\_\_\_  
Month/Year: \_\_\_\_\_

**CHILD SIGN-IN/SIGN-OUT SHEET**

Date	Time In/Time In	Parent/Guardian Signature	Staff Initials	Time Out/Time Out	Parent/Guardian Signature	Staff Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						