PARENT/GUARDIAN SIGN-IN/OUT SHEETS **FULL SIGNATURES REQUIRED**

CHILDS

NAME: **MONTH:**

DATE	DAY	TIME IN	SIGN IN	TIME	SIGN OUT	B	a	L	pm	D
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						
		AM PM		AM PM						

PROVIDER SIGNATURE: DATE: