

BEFORE & AFTER CARE SIGN IN SIGN OUT SHEET

PROVIDER NAME: _____ **MONTH/YEAR** _____

Note: Please use full signatures when signing child in and out. Before and After Care does not include evening care or weekends.

Date	In A.M.	SIGN IN	Out A.M.	SIGN OUT	In P.M.	SIGN IN	Out P.M.	SIGN OUT

PROVIDER SIGNATURE: _____ **DATE:** _____