

PROVIDER NAME: _____

PARENT/GUARDIAN SIGN-IN/OUT SHEETS

FULL SIGNATURES REQUIRED

CHILD'S NAME: _____

MONTH/YEAR

DATE	DAY	TIME IN	SIGN IN	TIME	SIGN OUT	NOTES
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		
		AM		AM		
		PM		PM		

PROVIDER SIGNATURE: _____ DATE: _____