

BEFORE & AFTER CARE SIGN IN SIGN OUT SHEET

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

CHILD'S NAME: _____ *Use full signatures. B & A Care does not include evening care or weekends.*

DATE	DAY of the WEEK	IN A.M.	SIGN IN	OUT A.M.	SIGN OUT	IN P.M.	SIGN IN	OUT P.M.	SIGN OUT

PROVIDER SIGNATURE: _____ **DATE:** _____