CENTER'S NAME: _____

CHILD'S NAME: **MONTH/YEAR:**

Date	Parent Signature	Time In	Parent Signature	Time Out

Please only one child and one month to a page

Ensure Provider's Name is on each child's sign in and out sheet
Ensure Legibility of Child's First and Last Name
Ensure Time in and time out are recorded
Ensure month, day, and year are recorded
Provider must record child's daily attendance