

Daily Sign-In & Sign-Out Form

Provider's Name: _____

Date: ____/____/____

Child's Name	Time In	Parent's Signature	Time Out	Parent's Signature
1.				
2.				
3.				
4.				
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20.				

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.