Child Care Sign In / Sign Out Record

Service Period: From: ___/___/_______

Provider/Program Name: ____________________________ To: ___/___/_______

Provider ID: __________

1. Enter Child's Full Name (print clearly)
2. Enter exact time in and time out
3. Sign your full name (do not use nicknames or titles such as "mom", "dad", "grandma", "grandpa", etc.)

Child's Name	Date In	Time In	Parent/Guardian Signature	Date Out	Time Out	Parent/Guardian Signature