

MONTHLY SIGN-IN/OUT SHEET

PROVIDER: _____

MONTH: _____

CHILD NAME _____

	TIME IN	Dates/Days Must Match Enrollment/Attendance Certification Form		TIME OUT	TIME IN	Reflect ALL A.M./P.M. Arrival/Departure Times		TIME OUT
	A.M.	SIGN IN A.M.	SIGN OUT A.M.	A.M.	P.M.	SIGN IN P.M.	SIGN OUT P.M.	P.M.
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By signing below, I verify that the information on this sign-in/sign-out sheet is true and correct

Authorized Guardian/Parent Signature Date

Authorized Provider Signature Date

The signatures above indicate the information is correct and that each person understands their responsibility to submit correct information. If it is discovered that this information is false, you may be prosecuted for fraud. It is against the law to receive child care or be reimbursed by submitting false information. **DO NOT SIGN PRIOR TO THE END OF THE MONTH**