

MONTHLY SIGN-IN/OUT SHEET

MONTH/YEAR: _____

PROVIDER NAME: _____

CHILD NAME : _____

Dates / days must match the Enrollment and Attendance Certification.

Please reflect all actual arrival and departure times with no rounding.

	TIME IN	Authorized Legal or Full Signatures		TIME OUT	TIME IN	Authorized Legal or Full Signatures		TIME OUT
	A.M.	SIGN IN	SIGN OUT	A.M.	P.M.	SIGN IN	SIGN OUT	P.M.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

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.** Rev 2/2026