

Daily Attendance Sign In/Out Log

Month:

Child's Name

Provider

Date	AM Time In	Responsible Adult Signature	PM Time Out	Responsible Adult Signature
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				
16th				
17th				
18th				
19th				
20th				
21st				
22nd				
23rd				
24th				
25th				
26th				
27th				
28th				
29th				
30th				
31st				

The eligible parent's signature below indicates the above information is correct and that the parent understands it is against the law to receive child care financial assistance by submitting false information. If false information is provided, the parent may be prosecuted for fraud.

Parent Signature

Date