Provider Name: _____

Daily Sign In and Out Form

Month:_____

Child's Name _____

<u>Please be sure to sign your full name.</u>

The Child Care Nutrition Program will not accept initials! Thanks!!!

Date	Time In	Time Out	Parent Full Signature	B	A	L	P	S	N
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									