

APRIL 2012

CHILD NAME: _____ **PARENT NAME:** _____

PROVIDER NAME: _____

DATE	PARENT SIGNATURE	TIME IN	AM PM	STAFF INITIAL	PARENT SIGNATURE	TIME OUT	AM PM	STAFF INITIAL
	FIRST & LAST NAME				FIRST & LAST NAME			
4/2/12-MON								
4/3/12-TUES								
4/4/12-WED								
4/5/12-THUR								
4/6/12-FRI								
4/9/12-MON								
4/10/12-TUES								
4/11/12-WED								
4/12/12-THUR								
4/13/12-FRI								
4/16/12-MON								
4/17/12-TUES								
4/18/12-WED								
4/19/12-THUR								
4/20/12-FRI								
4/23/12-MON								
4/24/12-TUES								
4/25/12-WED								
4/26/12-THUR								
4/27/12-FRI								
4/30/12-MON								

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. Please check that days, time in/out & signatures reported, Match the attendance verification forms.

I verify that the information on sign in sheet is correct.

Parent(s) Signature and Date

Provider(s) Signature and Date