MONTH:					PROVDER NAME:				
CHILD NAME:					PARENT NAME:				
DATE	PROVIDER/PARENT NAME	TIME IN	PROVIDER/PARENT NAME	TIME OUT	PROVIDER/PARENT NAME	TIME IN	PROVIDER/PARENT NAME	TIME OUT	PROVIDER INITIALS

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 Signature and Date