

Daily Attendance Sheet

Provider: _____
Month, Year: _____
Child's Name: _____

Authorized Signer 1: _____
Authorized Signer 2: _____
Authorized Signer 3: _____
Authorized Signer 4: _____

| Date | Time In | Authorized Signature | Time Out | Authorized Signature |
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I verify the information on this Daily Attendance Sheet is true and accurate.

Eligible Parent/Guardian Signature

Date

Please indicate program by checking the appropriate box below upon completion of the month, prior to submission to PHELC.

VPK

SR