

Child's Daily Log-In Sheet

Month/Year: _____

Provider Name: _____

Provider ID# _____

CHILD'S LEGAL NAME (Please PRINT) _____

PARENT'S FULL NAME (Please PRINT) _____

- ✓ This form must be submitted monthly with Attendance & Billing Form for each individual child.
- ✓ This form is a legal document and **must** be signed by the authorized adult associated with this child with his or her first and last name. Signatures of unauthorized adults will void payment for that day of care regardless of attendance.

| DATE | SIGN IN TIME | AUTHORIZED ADULT SIGNATURE | SIGN OUT TIME | AUTHORIZED ADULT SIGNATURE |
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I certify that the information on this form is correct and truthfully represents the times and dates this child received child care services.

Provider Signature: _____ Provider # _____ Date: _____

Authorized Parent Signature: _____ Date: _____