Month/Year: ____

Daily Attendance Form Parent/Guardian Sign-In/ Sign Out Sheet

Child's Name:

E

Early Learning

	<u>AM</u>		~~~~Provider Only~~~~~~~				<u>PM</u>	
	Time	Parent Full	<u>AM</u> Bus	Staff	<u>PM</u> Bus	Staff	Time	Parent Full
Date	In	Signature	time out	Initials	time in	Initials	out	Signature

I verify that my child has attended the dates signed above ____

Parents must sign the child in and out <u>each day</u> with <u>full signature</u> in order for payment to be authorized. If false information is knowingly provided, the parent may be liable for prosecution under state law, and child care services will be terminated. If false or inaccurate information is given, that information will be reported to the Florida Department of Law Enforcement for action.