Provider's Name:_____

SIGN IN/OUT RECORD

Month:_____ **Month: _____** **Month: _____**

Parents/Guardians must sign children in/out each day.

Child's Name:

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Child's Name:

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Child's Name:

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SIGN IN/OUT RECORD

Month:_____

Parents/Guardians must sign children in/out each day.

Child's Name:

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Child's Name:

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Child's Name:

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