

# 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
1				
2				
3				
4				
5				
6				
7				
8				
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10				
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31				

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: \_\_\_\_\_