

Facility Name: _____

Month: _____

Child's Name: _____

Day	Date	Sign-In Time	Signature	Sign-Out Time	Signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Day	Date	Sign-In Time	Signature	Sign-Out Time	Signature
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

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