

## URBAN AREA CHILD CARE SIGN IN / SIGN OUT SHEET

PARENT NAME:	
CHILD'S NAME:	
CENTER/PROVIDER:	MONTH

1				
	WEEK 1			
DATE (month/day)	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME	
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				

WEEK 2			
DATE (month/day)	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			

	W	IEEK 3	
DATE (month/day)	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			

	WEEK 4			
DATE (month/day)	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME	
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				

SIGN-IN/OUT sheets must be submitted with at least one full week completed. You can submit SIGN-IN/OUT sheets every week, every two weeks, or every 4 weeks, the discretion is between the parent and the provider. SIGN-IN/OUT sheets are due on Tuesdays by noon or as specified on certain dates marked on the CCDF Calendar.

## **URBAN AREA**

## **CHILD CARE SIGN IN/OUT SHEET**

PROVIDERS ONLY  Is client's co-payment current? Yes No  If NO, balance owed:  By signing this sheet, the Provider validates the child care hours and payments agreed for the provider.  PROVIDERS SIGNATURE			
CCDF COORDINATOR DATE			
<u> </u>			
\$			
\$			
\$			
<b>\$</b>			
\$			
\$			
After School (AS)			