



Weekly CHILD CARE SIGN IN / SIGN OUT SHEET

PARENT NAME: _____

CHILD'S NAME: _____

CENTER/PROVIDER: _____ **MONTH:** _____

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			

WEEK 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.

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

FOR OFFICIAL USE ONLY

Before School (BS) _____

After School (AS) _____

Before & After (BA) _____

Total Weeks: _____

TOTAL FULL TIME DAYS: _____

BS RATES: \$ _____ X _____ HRS = \$ _____

AS RATES: \$ _____ X _____ HRS = \$ _____

BA RATES: \$ _____ X _____ DAYS = \$ _____

HOURLY RATES: \$ _____ X _____ HRS = \$ _____

DAY RATES: \$ _____ X _____ DAYS = \$ _____

TOTAL HOURS + DAYS = \$ _____

PARENT PERCENTAGE = _____ %

PARENT/GUARDIAN OWES PROVIDER: \$ _____

CCDF OWES PROVIDER = \$ _____

PAYMENT AUTHORIZED BY:

CCDF COORDINATOR

DATE

PARENTS ONLY

By signing this sheet, the Parent validates the child care hours and payments agreed for the provider.

PARENT/GUARDIAN SIGNATURE

DATE

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

DATE