



## CHILD CARE SIGN IN / SIGN OUT SHEET

**PARENT NAME:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**CENTER/PROVIDER:** \_\_\_\_\_ **MONTH** \_\_\_\_\_

DATE	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			
4 <sup>th</sup>			
5 <sup>th</sup>			
6 <sup>th</sup>			
7 <sup>th</sup>			
8 <sup>th</sup>			
9 <sup>th</sup>			
10 <sup>th</sup>			
11 <sup>th</sup>			
12 <sup>th</sup>			
13 <sup>th</sup>			
14 <sup>th</sup>			
15 <sup>th</sup>			
16 <sup>th</sup>			

DATE	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME
17 <sup>th</sup>			
18 <sup>th</sup>			
19 <sup>th</sup>			
20 <sup>th</sup>			
21 <sup>st</sup>			
22 <sup>nd</sup>			
23 <sup>rd</sup>			
24 <sup>th</sup>			
25 <sup>th</sup>			
26 <sup>th</sup>			
27 <sup>th</sup>			
28 <sup>th</sup>			
29 <sup>th</sup>			
30 <sup>th</sup>			
31 <sup>st</sup>			

## CHILD CARE SIGN IN/OUT SHEET

**FOR OFFICIAL USE ONLY**

Before School (BS) \_\_\_\_\_

After School (AS) \_\_\_\_\_

Before & After (BA) \_\_\_\_\_

TOTAL HOURS:  
(8 hours or less) \_\_\_\_\_

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**