Attachment 1-T

FAMILY DAY CARE HOMES

Sign In Sheet

Provider: _____ **Month and Year:** _____

	Day of Month	Time In	Child's Name	Parent signature	Bkfst	AM Snack	Lunch	PM Snack	Supper	Nite Snack	Time Out	Parent signature
1												
2												
3												
4												
5												
6												
7												
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