SIGN IN/SIGN OUT

Name of Child Care Facility:_____

TODAY'S DATE: (Month, day and Year):	**ATTENTION PARENTS! We are required to ensure that each child is signed in and signed out every day. Please help by taking a minute to sign in your child and sign out and PLEASE note the time. You're cooperation is appreciated.**			
Print Child's Name	**Time of Arrival**	**Signature of Person Dropping Child Off**	**Time Picked Up**	**Signature of Person Picking Up Child**