

Weekly Sign-in/Sign out

NAME OF CHILD CARE FACILITY: \_\_\_\_\_

WEEK OF (Month, Date and Year): \_\_\_\_\_

Child Name	Date: / / Monday		Date: / / Tuesday		Date: / / Wednesday		Date: / / Thursday		Date: / / Friday	
	Time	Signature	Time	Signature	Time	Signature	Time	Signature	Time	Signature
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
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	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	
	In		In		In		In		In	
	Out		Out		Out		Out		Out	