

SCHOOL READINESS PROGRAM DAILY SIGN IN-OUT LOG



MONTH: _____

PROVIDER NAME: _____ COUNTY: _____

CHILDS NAME: _____

| DATE | TIME IN | PARENTS **FULL SIGNATURE** <small>Note: Parents must sign for each child individually</small> | TIME OUT | PARENTS **FULL SIGNATURE** <small>Note: Parents must sign for each child individually</small> |
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*****NOTE: MAKE COPIES AND KEEP THIS FORM FOR YOUR RECORDS*****

Last update 6.28.22