the early learning coalition of Osceola County

SR and VPK Program
DAILY SIGN IN-OUT LOG

MONTH: _____

PROVIDER NAME: _____ COUNTY: _____

CHILDS NAME: _____

DATE	TIME IN	PARENTS **FULL SIGNATURE** Note: Parents must sign for each child individually	TIME OUT	PARENTS **FULL SIGNATURE** Note: Parents must sign for each child individually

NOTE: MAKE COPIES AND KEEP THIS FORM FOR YOUR RECORDS