

Child Care Sign In/Out

Child's Name: _____

Month/Year: _____

Grade: _____

School Age: Yes No

Monthly parental fee paid: Yes No

***** For absent days, mark absent. Do not put the hours you expect child to attend*****

DO NOT ROUND TIMES IN/OUT PUT EXACT START & STOP TIMES

**Please use only black ink when completing this form or payment cannot be processed.*

Date	Time In	AM	PM	Parent Initials	-School-Time Out	-School-Time In	Time Out	AM	PM	Parent Initials	Total Hours
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Date	Time In	AM	PM	Parent Initials	-School-Time Out	-School-Time In	Time Out	AM	PM	Parent Initials	Total Hours
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

I certify that the above sign in and out sheet is accurate and complete for care actually provided and for which payment has not been received. I understand and certify that I am in compliance with the law concerning discrimination under the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 which prohibits payment to anyone providing care and services under federally assisted programs unless such services are provided without discrimination on the basis of race, sex, age, religion, political beliefs, national origin or handicap.

Parent Signature

Date

Provider Signature

Date

Original: County
Copy: Provider

Keep a copy for your records

LCHS 4208 (05/09)



DEPARTMENT OF HUMAN SERVICES

Child Care Assistance Program

(970) 498-6300 Fax (970) 498-7987