SIGN-IN/OUT FOR PROVIDERS OWN CHILDREN

Your own children's schedule is based on the information provided on their Child Enrollment Form. For the purpose of verifying attendance and claiming meals, please document when your child's schedule is different from what is on the CEF.

Month/Year _____ Provider's Name:_____

Child/Children's Names: _____

_____

_____

_____

Date	Child's Name	Time Out	Time In	Initials

Provider's Signature:_____

This form is to be completed monthly and stored with your Parent Sign-in/out Rosters.