Provider Name: _____

Month/Year: _____

Daily Attendance Form

Parent/Guardian Sign-In/ Sign Out Sheet

Child's Name:

Date	Time In	Parent Full Signature	~~~~~~~~~~~~~~~~~~Provider Only~~~~~~~~~~~~~~~~~~				Time out	Parent Full Signature
			Bus time out	*Staff* Initials	Bus time in	*Staff* Initials		

Parents must sign the child in and out <u>each day</u> with <u>full signature</u> in order for payment to be authorized. If false information is knowingly provided, the parent may be liable for prosecution under state law, and child care services will be terminated. If false or inaccurate information is given, that information will be reported to the Florida Department of Law Enforcement for action.