

In/Out times MUST reflect the ACTUAL arrival and departure times

Provider Name: _____ Period: _____

Child's Name	PG #	IN		OUT		IN		OUT		IN		OUT		IN		OUT		IN		OUT		IN		OUT		Parent/Driver Signature
																									X	
																									X	
																									X	
																									X	
																									X	
																									X	

SUBSTITUTE CHILDREN

																									X
																									X
																									X
																									X
																									X

✓ = Attended A=Absent (explained) U=Unexplained Absent X= Provider Closed H= Holiday (Closed)

YOU MUST OBTAIN A SIGNATURE FOR EVERY CHILD

This information is an accurate record: _____
 (Provider Signature) (Date)

B: _____	S: _____	TP: _____	V: _____	CPS: _____	PT: _____	BS: _____	SS: _____	TS: _____	TOTAL _____
BU: _____	SU: _____	TPU: _____	VU: _____		PTU: _____	VS: _____	CPSS: _____		