Attendance Record

Provider Name: _____ Date: _____

Child's Full Name	Sign-In		Sign-Out	
	Time	Signature	Time	Signature
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
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	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	