



## DUCKWATER DAYCARE SIGN-IN/OUT SHEET

**PARENT NAME:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **MONTH:** \_\_\_\_\_

DATE	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME	DHC
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				
8 <sup>th</sup>				
9 <sup>th</sup>				
10 <sup>th</sup>				
11 <sup>th</sup>				
12 <sup>th</sup>				
13 <sup>th</sup>				
14 <sup>th</sup>				
15 <sup>th</sup>				
16 <sup>th</sup>				

DATE	DROP-OFF TIME	PICK-UP TIME	PARENT/GUARDIANS INITIALS FOR AUTHORIZED TIME	DHC
17 <sup>th</sup>				
18 <sup>th</sup>				
19 <sup>th</sup>				
20 <sup>th</sup>				
21 <sup>st</sup>				
22 <sup>nd</sup>				
23 <sup>rd</sup>				
24 <sup>th</sup>				
25 <sup>th</sup>				
26 <sup>th</sup>				
27 <sup>th</sup>				
28 <sup>th</sup>				
29 <sup>th</sup>				
30 <sup>th</sup>				
31 <sup>st</sup>				

## SIGN-IN/OUT SHEET

### FOR OFFICIAL USE ONLY

Before School (BS) \_\_\_\_\_

After School (AS) \_\_\_\_\_

Before & After (BA) \_\_\_\_\_

TOTAL HOURS:  
(8 hours or less) \_\_\_\_\_

TOTAL FULL TIME DAYS: \_\_\_\_\_

BS RATES: \$ \_\_\_\_\_ X \_\_\_\_\_ HRS = \$ \_\_\_\_\_

AS RATES: \$ \_\_\_\_\_ X \_\_\_\_\_ HRS = \$ \_\_\_\_\_

BA RATES: \$ \_\_\_\_\_ X \_\_\_\_\_ DAYS = \$ \_\_\_\_\_

HOURLY RATES: \$ \_\_\_\_\_ X \_\_\_\_\_ HRS = \$ \_\_\_\_\_

DAY RATES: \$ \_\_\_\_\_ X \_\_\_\_\_ DAYS = \$ \_\_\_\_\_

TOTAL HOURS + DAYS = \_\_\_\_\_

PARENT PERCENTAGE = \_\_\_\_\_ %

PARENT/GUARDIAN OWES PROVIDER: \$ \_\_\_\_\_

CCDF OWES PROVIDER = \$ \_\_\_\_\_

PAYMENT AUTHORIZED BY:

CCDF COORDINATOR \_\_\_\_\_

DATE \_\_\_\_\_

### PARENTS ONLY

By signing this sheet, the Parent validates the childcare hours and payments agreed for the provider.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### PROVIDERS ONLY

Is client's co-payment current? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, balance owed: \_\_\_\_\_

By signing this sheet, the Provider validates the childcare hours and payments agreed for the provider.

\_\_\_\_\_  
PROVIDERS SIGNATURE

\_\_\_\_\_  
DATE

HL - Head Lice RN - Running Nose C - Coughing R - Rash SA - Stomach Aches F - Fever D - Diarrhea TA - Toothache ST - Sore Throat  
BN - Bloody Nose V - Vomiting HA - Head Ache EA - Earache S - Sores EI - Eye Irritation B - Bruise CP - Chicken Pox O - Other