



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 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				
11 th				
12 th				
13 th				
14 th				
15 th				
16 th				

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

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**