Daily Attendance Sheet

Provider: _____

Month, Year: _____

Child's Name: _____

Persons Authorized to sign in/out. (Name, relationship, contact number)

_____

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Date	AM Time In	Authorized Signature	AM Time Out	Authorized Signature	PM Time In	Authorized Signature	PM Time Out	Authorized Signature
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I verify the above information on this Daily Attendance Sheet is true and accurate.

_____

Eligible Parent/Guardian Signature Date

Please indicate program by checking the appropriate box below upon completion of the month, prior to submission to PHELC.

☐ VPK ☐ SR