WEEKLY Sign-in

MONTH of _____ YEAR _____

For State Assistance/Block Grant etc – record in the "comments" section the times the child is here but you are paying for that time yourself. EX: 3 pm – 5pm PP

	DATE → CHILDREN	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		Comments
		IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
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