TIME IN/ TIME OUT SHEET	Provider Name_____ Month/Year _____																Parent
CHILD'S NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Initials
1) IN																	
OUT																	
2) IN																	
OUT																	
3) IN																	
OUT																	
4) IN																	
OUT																	
5) IN																	
OUT																	
6) IN																	
OUT																	
7) IN																	
OUT																	
8) IN																	
OUT																	
9) IN																	
OUT																	
10) IN																	
OUT																	
11) IN																	
OUT																	
12) IN																	
OUT																	

TIME IN/ TIME OUT SHEET	Provider Name_____ Month/Year _____															Parent
CHILD'S NAME	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Signature
1) IN																
OUT																
2) IN																
OUT																
3) IN																
OUT																
4) IN																
OUT																
5) IN																
OUT																
6) IN																
OUT																
7) IN																
OUT																
8) IN																
OUT																
9) IN																
OUT																
10) IN																
OUT																
11) IN																
OUT																
12) IN																
OUT																