ATTENDANCE LOG

Provider's Name: _____

Be sure to include A.M. And P.M.

Month: _____ **Year:** _____

Child's Name: _____ **Parent's Signature:** _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IN:																															
OUT:																															
IN:																															
OUT:																															

Child's Name: _____ **Parent's Signature:** _____

IN:																															
OUT:																															
IN:																															
OUT:																															

Child's Name: _____ **Parent's Signature:** _____

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