EARLY LEARNING COALITION OF LAKE COUNTY WEEKLY CHILD CARE ATTENDANCE – BUS/TRANSPORTATION LOG SIGN-IN/SIGN-OUT FORM (ELCLC WAF 01A)

| FACILITY NAME: | FACILITY ADDRESS: |
|----------------|-------------------|
| CHILD'S NAME: | MONTH/YEAR: |

| Day | Sign-Out Date | Am/Pm | Provider Staff Signature | Sign-In Date | Am/Pm | Provider Staff Signature |
|-----------|------------------|-------|--------------------------|-----------------|-------|--------------------------|
| Monday | | am/pm | | | am/pm | |
| Tuesday | | am/pm | | | am/pm | |
| Wednesday | | am/pm | | | am/pm | |
| Thursday | | am/pm | | | am/pm | |
| Friday | | am/pm | | | am/pm | |

| Day | Sign-Out Date | Am/Pm | Provider Staff Signature | Sign-In Date | Am/Pm | Provider Staff Signature |
|-----------|------------------|-------|--------------------------|-----------------|-------|--------------------------|
| Monday | | am/pm | | | am/pm | |
| Tuesday | | am/pm | | | am/pm | |
| Wednesday | | am/pm | | | am/pm | |
| Thursday | | am/pm | | | am/pm | |
| Friday | | am/pm | | | am/pm | |

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|-----------|------------------|-------|--------------------------|-----------------|-------|--------------------------|
| Monday | | am/pm | | | am/pm | |
| Tuesday | | am/pm | | | am/pm | |
| Wednesday | | am/pm | | | am/pm | |
| Thursday | | am/pm | | | am/pm | |
| Friday | | am/pm | | | am/pm | |

| Day | Sign-In Date | Am/Pm | Provider Staff Signature | Sign-In Date | Am/Pm | Provider Staff Signature |
|-----------|-----------------|-------|--------------------------|-----------------|-------|--------------------------|
| Monday | | am/pm | | | am/pm | |
| Tuesday | | am/pm | | | am/pm | |
| Wednesday | | am/pm | | | am/pm | |
| Thursday | | am/pm | | | am/pm | |
| Friday | | am/pm | | | am/pm | |

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| Wednesday | | am/pm | | | am/pm | |
| Thursday | | am/pm | | | am/pm | |
| Friday | | am/pm | | | am/pm | |

School Readiness Services funded in part by:





