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

FACILITY NAME: _____ **FACILITY ADDRESS:** _____

DATE: _____ _____

Child Name	Provider Staff Signature	Time Out	Provider Staff Signature	Time In
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
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		am/pm		am/pm
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		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm

School Readiness Services funded in part by:

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LEARN EARLY. LEARN FOR LIFE.

ELCLC
Early Learning Coalition of Lake County

United Way