

**EARLY LEARNING COALITION OF LAKE COUNTY
 DAILY CHILD CARE ATTENDANCE
 SIGN-IN/SIGN-OUT FORM (ELCLC DAF 01)**

FACILITY NAME: _____

FACILITY ADDRESS: _____

DATE: _____

Child Name	Parent's/Guardian's Signature	Time In	Parent's/Guardian's Signature	Time Out
		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
		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
		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

School Readiness Services funded in part by:

