

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

FACILITY NAME: _____ **FACILITY ADDRESS:** _____
CHILD'S NAME: _____ **MONTH/YEAR:** _____

Day	Sign-In Date	Am/Pm	Parent's/Guardian's Signature	Sign-Out Date	Am/Pm	Parent's/Guardian's 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-In Date	Am/Pm	Parent's/Guardian's Signature	Sign-Out Date	Am/Pm	Parent's/Guardian's 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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Friday		am/pm			am/pm	

School Readiness Services funded in part by:

