

DAILY PARENT SIGN IN – SIGN OUT SHEET FOR THE MONTH OF _____

Provider’s Name: _____

Provider’s Number: _____

Child’s Name:					Child’s Name:					Child’s Name:				
Date	Time In	Parent Signature	Time Out	Parent Signature	Date	Time In	Parent Signature	Time Out	Parent Signature	Date	Time In	Parent Signature	Time Out	Parent Signature
1					1					1				
2					2					2				
3					3					3				
4					4					4				
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30					30					30				
31					31					31				

Faxing this report requires a follow-up call to QCC to verify receipt for reimbursement