



Month:

September 2022

Provider Name: _____

Child Name: _____

Day	Date	AM In	AM Out	Signature	PM In	PM Out	Signature
Thu	9/1						
Fri	9/2						
Sat	9/3	*	*	*	*	*	*
Sun	9/4	*	*	*	*	*	*
Mon	9/5						
Tue	9/6						
Wed	9/7						
Thu	9/8						
Fri	9/9						
Sat	9/10	*	*	*	*	*	*
Sun	9/11	*	*	*	*	*	*
Mon	9/12						
Tue	9/13						
Wed	9/14						
Thu	9/15						
Fri	9/16						
Sat	9/17	*	*	*	*	*	*
Sun	9/18	*	*	*	*	*	*
Mon	9/19						
Tue	9/20						
Wed	9/21						
Thu	9/22						
Fri	9/23						
Sat	9/24	*	*	*	*	*	*
Sun	9/25	*	*	*	*	*	*
Mon	9/26						
Tue	9/27						
Wed	9/28						
Thu	9/29						
Fri	9/30						
		*	*	*	*	*	*

Parent Signature: _____

Provider Signature: _____