



Month:

October 2022

Provider Name:

Child Name:

Day	Date	AM In	AM Out	Signature	PM In	PM Out	Signature
Sat	10/1	*	*	*	*	*	*
Sun	10/2	*	*	*	*	*	*
Mon	10/3						
Tue	10/4						
Wed	10/5						
Thu	10/6						
Fri	10/7						
Sat	10/8	*	*	*	*	*	*
Sun	10/9	*	*	*	*	*	*
Mon	10/10						
Tue	10/11						
Wed	10/12						
Thu	10/13						
Fri	10/14						
Sat	10/15	*	*	*	*	*	*
Sun	10/16	*	*	*	*	*	*
Mon	10/17						
Tue	10/18						
Wed	10/19						
Thu	10/20						
Fri	10/21						
Sat	10/22	*	*	*	*	*	*
Sun	10/23	*	*	*	*	*	*
Mon	10/24						
Tue	10/25						
Wed	10/26						
Thu	10/27						
Fri	10/28						
Sat	10/29	*	*	*	*	*	*
Sun	10/30	*	*	*	*	*	*
Mon	10/31						

Parent Signature:

Provider Signature: