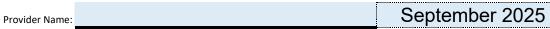
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Day	Date	AM In	AM Out	Signature	PM In	PM Out	Signature
Mon	9/1		Jul	J.B. Medic		540	Signature
	9/2						
Tue	9/3						
Wed	9/4						
Thu							
Fri	9/5						
Sat	9/6	*	*	*	*	*	*
Sun	9/7	*	*	*	*	*	*
Mon	9/8						
Tue	9/9						
Wed	9/10						
Thu	9/11						
Fri	9/12						
Sat	9/13	*	*	*	*	*	*
Sun	9/14	*	*	*	*	*	*
Mon	9/15						
Tue	9/16						
Wed	9/17						
Thu	9/18						
Fri	9/19						
Sat	9/20	*	*	*	*	*	*
Sun	9/21	*	*	*	*	*	*
Mon	9/22						
Tue	9/23						
Wed	9/24						
	9/25						
Thu	9/26						
Fri	9/27						
Sat	9/28	*	*	*	*	*	*
Sun		*	*	*	*	*	*
Mon	9/29						
Tue	9/30						
		*	*	*	*	*	*

Parent Signature:	Provider Signature:	
Parent Date Signed:	Provider Date Signed:	