

# Alliance For Children

Parent Sign In / Out Sheet

Month / Year \_\_\_\_\_

Provider Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**A.M. is Morning**

**PM is Afternoon**

Day	In Time (A.M.)	Out Time (A.M.)		In Time (P.M.)	Out Time (P.M.)	Parent's Signature
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*This institution is an equal opportunity provider.*