

Daily Attendance Sign-in Sheet

Provider's Home: _____

Child's Name: _____

Month/Year: _____



PS FAMILY NYC
PROGRAM SUPPORT FCCN

Date	Health/ Covid -19 Check	Arrival Sign-In		Departure Sign-Out	
		Child's Time In	Parent/Guardian Signature	Child's Time Out	Parent/Guardians Signature
1					
2					
3					
4					
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