

Klamath Tribes Child Care Provider
Child Care Attendance Log

Provider Name:					
Child's Number:					
Date	A.M.		P.M.		Daily Total
	Time In	Time Out	Time In	Time Out	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Monthly Total:					

Month & Year:					
Child's Number:					
Date	A.M.		P.M.		Daily Total
	Time In	Time Out	Time In	Time Out	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Monthly Total:					

I certify the child care services provided are correct.

Provider Signature:

Parent Signature:

Date:

Date:
