Sign In / Out Sheet

Center Name: DCW Transactional- CENTER 1				Class room: Infants					Teacher(s): No teacher scheduled				
	Date: 07/10	/2019		Arrival		Departure		Explanation		ADMINIS'	STRATIVE USE ONLY		
Child's Name	Birthdate	Entry Date	Scheduled Time of Attendance	Time- AM	Parent/Teacher Signature	Time- PM	Parent/Teacher Signature		FT/PT	Attendance	Teacher Ratio Time Check	Teacher Ratio Check	AD Ratio Check
Mergemore, Margeene	04/03/2018	03/01/2019	7:00 - 17:00										
Miller, Stephanie	09/29/2017	02/15/2019	7:00 - 16:30										
Smith, Jackson	04/09/2018	05/01/2019	8:30 - 16:00										
Primary Signature:			Arrival Time:		Lunch Out:		Lunch In:	n:		Departure Time:			
Primary Signature:				Arrival Time:		Lunch Out:		Lunch In:			Departure Time:		
Coverage Teacher:				Arrival Time:		Lunch Out:		Lunch In:			Departure Time:		
Coverage Teacher:				Arrival Time:		Lunch Out:		Lunch In:			Departure Time:		
Coverage Teacher:				Arrival Time:		Lunch Out:		Lunch In:	Lunch In:		Departure Time:		
Coverage Teacher:				Arrival Time:		Lunch Out:		Lunch In:	unch In:		Departure Time:		