

## Daily Attendance Sheet

**Provider:** \_\_\_\_\_  
**Month, Year:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_

Date	Time In	Authorized Signature	Time Out	Authorized Signature
1				
2				
3				
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31				

I verify the information on this Daily Attendance Sheet is true and accurate.

\_\_\_\_\_  
Eligible Parent/Guardian Signature

\_\_\_\_\_  
Date

Please indicate program by checking the appropriate box below upon completion of the month, prior to submission to PHELC.

VPK

SR