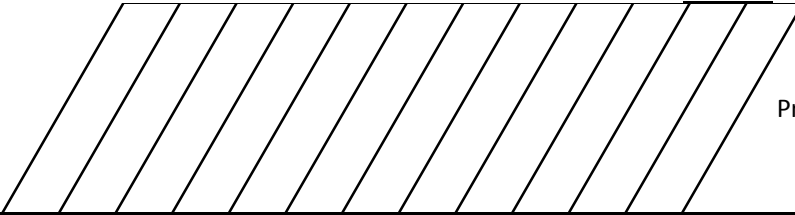


Day: _____ Date: _____



Program: _____

Arrive	Depart	DOB	Child's Name													OUT	WITH	IN	OUT	WITH	IN	
				1																		
				2																		
				3																		
				4																		
				5																		
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				18																		
				19																		
				20																		
Staff																						
In					T																	
Count																						
Out					I																	
Count																						
In					C																	
Count																						
Out					C																	
Count																						
In					C																	
Count																						
Out					C																	
Count																						

Notes: _____

T – Total **X – Present**
I – Initials **O – Out (Temporarily)**
C – Change **-- Out for the Day**