

SIGN IN/OUT AND STAFF-CHILD RATIO SHEET

Center Name				Date		Classroom				
	Child's Name	Time In	Parent's Signature	Phone Number	Time Out	Parent's Signature	Time	Ratio		Notes
								Staff	Child	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

LATE PICKUP CHARGES COST	CONTINUAL ACCUMULATED LATE FEES WILL BE ADDED TO THE NEXT FEE PAYMENT
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Disclosure Information Purpose: To collect daily information about individual children, to provide a daily POC in the event of an emergency; to track children's actual hours of attendance; to document who delivers and picks up child.

Routine Uses: Information will be exchanged between staff and individual parents; emergency contact will be called when it pertains to child's health/safety.

Disclosure: If information is not disclosed to CDC, participation in CDC programs may be denied.