



Child Monthly Hours

Month/Year: _____ Name of Provider: _____

Name of child: _____ Birth Date: _____

Date	Time In	*Parent Initial	Time Out	*Parent Initial	Total Hrs of Care	Excursion/outing details incl. duration and supervision (more details may be dated and provided on back of form)	*Parent Initial
1							
2							
3							
4							
5							
6							
7							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Monthly Total Hours of Care							

*Only those authorized in your childcare registration form may pick up your children and initial this form.

Provider Signature: _____ Home Visitor Signature: _____

