



### Child Monthly Hours

Month/Year: \_\_\_\_\_ Name of Provider: \_\_\_\_\_ Name of child: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age of Child: \_\_\_\_\_ years & \_\_\_\_\_ months

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							
8							
9							
10							
11							
12							
13							
14							
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17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>Monthly Total Hours of Care</b>							

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

Provider Signature: \_\_\_\_\_ Home Visitor Signature: \_\_\_\_\_

