

Participant's Name _____

Worker's Name _____

	DATE	TIME IN	TIME OUT	TOTAL TIME	INSTRUCTOR INITIALS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Participant's Name _____

Worker's Name _____

	DATE	TIME IN	TIME OUT	TOTAL TIME	INSTRUCTOR INITIALS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**RETURN TO DSS Day care Unit NO LATER THAN 5PM
ON _____ / Fax: 695-5691**