



CONFEDERATED TRIBES
of the
 GOSHUTE RESERVATION
Child Care Development Program
 6671 S Redwood Rd Suite 101,
 West Jordan, UT, 84084
 Phone: (801)-883-9103

PARENT AND PROVIDER SIGN IN/OUT SHEET

Childs Name: _____
 Parents Name: _____
 Center/ Provider: _____ Month: _____

DATE	SIGN IN	SIGN OUT	PARENT INITIALS	HEALTH CHECK	DATE	SIGN IN	SIGN OUT	PARENT INITIALS	HEALTH CHECK
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				
Provider Notes:					31				
DAILY HEALTH CHECK CODE:									
RN – Runny Nose		BS – Bruise/ Scratch		C – Cough		V – Vomiting		O – Other	
HL – Head Lice		F – Fever		S – Sneezing		T – Tired/ Fatigue		X – Appears Healthy	
I AUTHORIZE THE DATES AND TIME(S) OF SIGN IN/OUT					I AUTHORIZE THE DATES AND TIMES OF SIGN IN/OUT				
PARENT/ GUARDIAN SIGNATURE				DATE	PROVIDER SIGNATURE				DATE