



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

PARENT AND PROVIDER SIGN IN/OUT SHEET

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

DAY	TIME IN	TIME OUT	PARENT SIGNATURE	DAY	TIME IN	TIME OUT	PARENT SIGNATURE
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			
Certification of Compliance: By my signature below, I attest that the information provided above is true and correct. I understand that if I purposely falsify this document to receive funds, contract termination will be effective immediately and will jeopardize future services with the CTGR CCDF Program.							
I AUTHORIZE THE DATES AND TIME(S) OF SIGN IN/OUT				I AUTHORIZE THE DATES AND TIMES OF SIGN IN/OUT			
PARENT/ GUARDIAN SIGNATURE				PROVIDER SIGNATURE			
DATE				DATE			