Registro de Asistencia

Nombre del proveedor: _____ Fecha: _____

Nombre Completo del Niño	Inicio de Sesión		Cierre de Sesión	
	Hora	Firma	Hora	Firma
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
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	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	
	AM/PM		AM/PM	