AND DEPARTMENT	Rhode Island Department of Human Services Office of Child Care School Age/Before and After School Care Attendance Record
	Office of Child Care
TAMIN SERVICE	School Age/Before and After School Care Attendance Record

Provider Name:	
Date:	1

	Sign In #1		Sign Out #1		Sign In #2		Sign Out #2	
Child Full Name	Time	Signature	Time	Signature	Time	Signature	Time	Signature