

Wichita and Affiliated Tribes
 Child Care Services
Providing a Strong Foundation for our Children's Future

TIME SHEETS

Signature of Provider: _____ Date: _____

Signature of Parent: _____

Name(s) of Child/Children: _____

FOR THE MONTH OF: _____				
<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>
_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:
_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:
_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:
_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:
_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out:	_____ In: Out: