## **Daily Sign In/Out Sheet**

Provider Name \_\_\_\_\_

HELPING HANDS, INC. 5522 S 3200 W • Suite 110 Taylorsville, UT 84129

Date	Child(ren)'s Name(s)	Sign In/Out Times		Parent's Signature
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Date	Child(ren)'s Name(s)	Sign In/O	Parent's Signature
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