

SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North - Fairfield, CA 94534-4019 – (707) 863-3950 – Fax: (707) 863-3975

Temporary Sign In and Sign Out Form

Please Print All Information In the Spaces Below:

Provider's Name: _____ Month Services Were Provided: _____

Parent's Name: _____ Year Services Were Provided: _____

Child's Name: _____

Please remember to include AM & PM on in/out times.

FOR CHILDREN WHO GO TO SCHOOL
OR HAVE A SPLIT SCHEDULE

Please use INK only.

DATE	TIME IN	PARENT'S FULL SIGNATURE	TIME OUT	PROVIDER'S INITIALS	TIME IN	PROVIDER'S INITIALS	TIME OUT	PARENT'S FULL SIGNATURE	Office Use Only
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In completing and signing this form, I (parent and provider) understand that this form is NOT an agreement or contract of any type with Solano Family and Children's Services (SFCS). I understand that this form is only to be used as a temporary means of tracking days and hours of child care and cannot be submitted for payment of child care services. I understand that payment will not be made by SFCS until certain criteria have been met - including, but is not limited to, parent and provider eligibility. Payment will only be made by SFCS with a valid, current contract with terms agreed upon between SFCS, the parent, and provider.

****ALL TIMES AND SIGNATURES ON THIS FORM MUST BE IN INK.**

Provider's FULL Signature: _____

Date Signed: _____

Parent's FULL Signature: _____

Date Signed: _____