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| **Provider Name** | **Provider ID** | **Month/Year** |
| **Provider Email** | **Weekend Dates** | **Specialist** |

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| **Please return this form two days after the last weekend day you provide care for the month** |
| Date | Children’s names | Time In | Time Out | Parent Signatures | Phone Numbers |
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| **Provider Name** | **Provider ID** | **Month/Year** |
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| Date | Children’s names | Time In | Time Out | Parent Signatures | Phone Numbers |
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