

Completed Parent Hours

Date: _____

Child's Name: _____

Parent/Guardian Name: _____

Date Task Complete	Task	No. of Hours Completed

Parent Signature: _____

Please Do Not Write In This Box (Office Use Only)

Site Manager Signature: _____

Logged by: _____ Date: _____

Total Hours Completed: _____

Hours Remaining: _____

Please fill out and turn in this sheet as close to the date of the task completed as possible so that we can be sure to keep accurate records.