

NEW CARE ASSOCIATES

PARENT SIGNATURE SHEET

CHILD'S NAME Anthony Rodriguez

STAFF MEMBER'S
NAME Auki Holmes SIGNATURE Auki Holmes

| DAY | DATE Of Service | TIME: Start to End | | Parent Signature |
|-----------|-----------------------|-----------------------|--------|--------------------|
| MONDAY | | C | | |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | | | | |
| FRIDAY | | | | |
| SATURDAY | | | | |
| SUNDAY | 1/28/18 | 4:00 | 7:00pm | <u>[Signature]</u> |

TOTAL HOURS 3