Print Form

SOUTH DAKOTA NATIONAL GUARD

FAMILY PROGRAM BABY-SITTING REGISTER

Cost per hour per child = $_____

Child's Name	Time In	Time Out	Total Time	Total Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
TOTAL =				

SDNG Form 600-12-5R (1 AUG 97)