Sign In / Sign Out

		For the we	eek of:		.0,	
Event Name	:					
Child's Nam	e:					
Day	Sign-In Time	Parent/Guardian's Name	Signature	Sign-Out Time	Parent/Guardian's Name	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Child's Nam	۵۰			•		
	Sign-In	Parent/Guardian's		Sign-Out	Parent/Guardian's	
Day	Time	Name	Signature	Time	Name	Signature
Monday	1 IIIIC	rame		Time	1 varie	
Tuesday						
Wednesday						
Thursday						
Friday						
Tilday						
Child's Nam						
Day	Sign-In Time	Parent/Guardian's Name	Signature	Sign-Out Time	Parent/Guardian's Name	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Child's Nam	e•				•	
	Sign-In	Parent/Guardian's		Sign-Out	Parent/Guardian's	
Day	Time	Name	Signature	Time	Name	Signature
Monday	Time	T (WIII)		111110	T (MIII)	
Tuesday						
Wednesday						
Thursday						
Friday						
	1	L	I	L	l	l l
Child's Nam				la: a		
Day	Sign-In Time	Parent/Guardian's Name	Signature	Sign-Out Time	Parent/Guardian's Name	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Date:

Sign-In and Sign-Out Sheet

#	Sig	n-In	Sign	ı-Out
	Youth Participant Name	Parent/Guardian Signature	Youth Participant Name	Parent/Guardian Signature
1				
2				
3				
4				
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Sign-In Sheet

Sign-Out Sheet

	_	<u> </u>				<u> </u>	\mathbf{D}^{14}		<u> </u>			
Pate	Child's Name	Parent's Name	C-mail Address	Phone Number	Date	Child's Name	Parent's Name	C-mail Address	Phone Number			
-												
		1							1			

Phone Documentation Form

		mary Caregiver(s) please)	
*Anyone not a Parent,	that will be able to pi	ck up your child *	
		Relation to child	
Home:	Work:	Cell:	
Adult #2 Name		Relation to child	
Home:	Work:	Cell:	
Adult #3 Name		Relation to child	
Home:	Work:	Cell:	
Adult #4 Name		Relation to child	
		Cell:	
Adult #5 Name		Relation to child	
Home:		Cell:	

Parent's Contact Information

Parent's Name	Child's Name	E-mail Address	Phone Number

Attendance Record

Name of Youth I	Partio	cipar	nt		Ger	nder	Birt	h Da	ite	Eve	nt N	ame	:																		
Name of Parent of	or Gu	ıardi	an			Rel	l atior	ship				Wo	rk N	umb	er			Hor	ne N	lumb	er			Cel	l Nu	mbe	r				
Name of Parent of	or Gu	ıardi	an			Rel	ation	ship				Wo	rk N	umb	er			Hor	ne N	lumb	er			Cel	l Nu	mbe	r				
Emergency Cont	act#	1				Rel	atior	ship				Wo	rk N	umb	er			Hor	ne N	lumb	er			Cel	l Nu	mbe	r				
Emergency Cont	act#	2				Rel	ation	ship				Wo	rk N	umb	er			Hor	ne N	lumb	er			Cel	l Nu	mbe	r				
Emergency Cont	act #	4 3				Rel	ation	ship				Wo	rk N	umb	er			Hor	ne N	lumb	er			Cel	l Nu	mbe	r				
										P =	- Par	ent:	EC =	= Em	erge	encv	Con	tact													
Month	1	2	3	4	5	6	7	8	9	10		12	13		15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Arrived Time																															
Parent/Guardian																															
/Emergency																															
Contact Initial																															
Departed Time																															
Parent/Guardian																															
/Emergency																															
Contact Initial																															

Week of:	w	ee	K	OL
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Day	Sign-In Time	Parent/Guardian' s Name	Signature	Sign- Out Time	Parent/Guardian' s Name	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Week of:

Day	Sign-In Time	Parent/Guardian' s Name	Signature	Sign- Out Time	Parent/Guardian' s Name	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Week of:

Day	Sign-In Time	Parent/Guardian' s Name	Signature	Sign- Out Time	Parent/Guardian's Name	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Week of:

Day	Sign-In Time	Parent/Guardian's Name	Signature	Sign- Out Time	Parent/Guardian's Name	Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

	Alternative Pick-Up Person	Relationship	Work Number	Home Number	Cell Number
1					
2					
3					
	Emergency Contact	Relationship	Work Number	Home Number	Cell Number
1					