

Date: _____

Session: Morning or Afternoon

#	Child's Name: (Parents Name)	Drop-Off Time:	Parent Initials:	Pick-Up Time:	Parent Initials:	Notes:
1						
2						
3						
4						
5						
6						
7						
8						

✓ - Present

V – Vacation

A – Away and had a reason and/or contacted

X – Away without a reason and/or not contacted

S – Sick