

For the week of: _____, 20____,

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

Child's Name:

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

Child's Name:

Day	Sign-In Time	Parent/Guardian's Name	Signature	Sign-Out Time	Parent/Guardian's Name	Signature
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Child's Name:

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

Child's Name:

Day	Sign-In Time				Parent/Guardian's Name	Signature
Monday						
Tuesday						
Wednesday						
Thurw3W nBy						

Date:

Sign-In and Sign-Out Sheet

#	Sign-In		Sign-Out	
	Youth Participant Name	Parent/Guardian Signature	Youth Participant Name	Parent/Guardian Signature
1				
2				
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4				
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33				

Phone Documentation Form

Child's Name _____ Primary Caregiver(s) _____
Home Address (including city and zip code please) _____

*Anyone not a Parent, that will be able to pick up your child *

Adult #1 Name _____ 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 _____
Home: _____ Work: _____ Cell: _____

Adult #5 Name _____ Relation to child _____
Home: _____ Work: _____ Cell: _____

Day	Sign-In Time	Parent/Guardian' s Name	Signature
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