

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
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
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

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				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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33				



# Phone Documentation Form

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

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\*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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