

Date:

Community Action of Southeast Iowa
Head Start/Early-Head Start Family Sign-in Sheets

Teacher/Site:

Circle Event Type:

Parent Group

Family Night

Classroom PACT

Family Meals

Date	Printed Name of Child Enrolled in Early/Head Start	Printed Name of Parent/Guardian	Signature of Parent/Guardian	Time in:	Time out:

FDS or Teacher Initials:

Verifying CO Staff Initials: