Community Action of Southeast Iowa – Head Start/Early Head Start Parent/Guardian Sign-in/Sign-out Sheet

All persons picking up or dropping off children are required to sign in the appropriate area and document the time.

Child's Name									
Parent/Guardian Name Lead Teacher's Name									
Month			August 2024						
Date Staff Well Check		Well	Signature of person bringing in child	Arrival Time	Estimated Departure Time	Person picking up child	Actual Departure Time	Signature of person picking up child	
М	08/26/24								
Т	08/27/24								
w	08/28/24								
Th	08/29/24								
F	08/30/24								

М	09/02/24	NEW MONTH			
Т	09/03/24				
W	09/04/24				
Th	09/05/24				
F	09/06/24				

Revised 24.05.30 AV

	Date	Staff Well Check	Signature of person bringing in child	Arrival Time	Estimated Departure Time	Person picking up child	Actual Departure Time	Signature of person picking up child
М	09/09/24							
т	09/10/24							
w	09/11/24							
Th	09/12/24							
F	09/13/24	-						
М	09/16/24							
Т	09/17/24							
W	09/18/24							
Th	09/19/24							
F	09/20/24							
М	09/23/24							
т	09/24/24							
W	09/25/24							
Th	09/26/24							
F	09/27/24							