

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 October 2024

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
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<b>M</b>	09/30/24		Previous Month				
<b>T</b>	10/01/24						
<b>W</b>	10/02/24						
<b>Th</b>	10/03/24						
<b>F</b>	10/04/24						

<b>M</b>	10/07/24		NO SCHOOL				
<b>T</b>	10/08/24						
<b>W</b>	10/09/24						
<b>Th</b>	10/10/24						
<b>F</b>	10/11/24						

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
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<b>M</b>	10/14/24						
<b>T</b>	10/15/24						
<b>W</b>	10/16/24						
<b>Th</b>	10/17/24						
<b>F</b>	10/18/24						

<b>M</b>	10/21/24						
<b>T</b>	10/22/24						
<b>W</b>	10/23/24						
<b>Th</b>	10/24/24						
<b>F</b>	10/25/24		NO SCHOOL				

<b>M</b>	10/28/24						
<b>T</b>	10/29/24						
<b>W</b>	10/30/24						
<b>Th</b>	10/31/24						
<b>F</b>	11/01/24		New Month				