

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 April 2025

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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M	03/31/25		Previous Month				
T	04/01/25						
W	04/02/25						
Th	04/03/25						
F	04/04/25		No School				

M	04/07/25						
T	04/08/25						
W	04/09/25						
Th	04/10/25						
F	04/11/25						

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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M	04/14/25						
T	04/15/25						
W	04/16/25						
Th	04/17/25		No School				
F	04/18/25						

M	04/21/25						
T	04/22/25						
W	04/23/25						
Th	04/24/25						
F	04/25/25						

M	04/28/25		No School				
T	04/29/25						
W	04/30/25						
Th	05/01/25		Next Month				
F	05/02/25		Next Month				