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**KITH & KIN PROJECT  
LISTA DE ASISTENCIA / ATTENDANCE SHEET  
CHILD CARE SIGN-IN AND OUT**

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Care Educator:** | | | | | **Iniciales del Participante / Participant Initials** | | | | | | | | | |
| **Week / Topic** | | **Week / Topic** | | **Week / Topic** | | **Week / Topic** | | **Week / Topic** | |
| **Fecha / Date** | | **Fecha / Date** | | **Fecha / Date** | | **Fecha / Date** | | **Fecha / Date** | |
| **Primer Nombre Del Niño (a)** *First Name of Child* | **Edad** *Age* | **Nombre Del Proveedor (a)** *Name of Provider* | **Numero de Emergencia** *Emergency Phone Number* | **Alergias** *Allergies* | **Entrada** *Arrival* | **Salida** *Departure* | **Entrada** *Arrival* | **Salida** *Departure* | **Entrada** *Arrival* | **Salida** *Departure* | **Entrada** *Arrival* | **Salida** *Departure* | **Entrada** *Arrival* | **Salida** *Departure* |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |