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

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

|  |  |
| --- | --- |
| **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.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |