Daily Early Head Start/ Head Start Sign In/Sign Out Sheet

Parent or guardians must provide their signature and time when picking up and dropping off their child. This form should be turned in with your EOM report.

Staff Member and Title: _____

Date: _____

Site Location: _____

Child's Name (Print)	Parent/Guardian Signature	Time of Drop Off (Arrival)	Parent/Guardian Signature	Time of Pick Up(Dismissal)

Revised 01/22