Child & Staff
Schedule & Attendance

Group Name & Age:
_____

Program Name: _____ **ROOM** _____

Week of: _____ **20** ____

	Name of Child (first & last)	DOB	Monday		Tuesday		Wed.		Thur.		Friday		Guardian Signature
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

	Name of Staff and Position	Schedule	Monday		Tuesday		Wednesday		Thursday		Friday		Staff Signature
1													
2													
3													
4													
5													