



**Community Colleges
of Spokane**

**Spokane County Head Start/ECEAP/EHS
CLASSROOM SIGN-UP AND SIGN-OUT LOG**

Month/Year _____

Site/Classroom _____

	DATE	TIME IN	LEGAL SIGNATURE (first and last name)	TIME OUT	LEGAL SIGNATURE (first and last name)
WEEK 1					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
WEEK 2					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
WEEK 3					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
WEEK 4					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
WEEK 5					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Attendance: Total days _____ Excused absences _____ Unexcused absences _____

Parent/guardian's name _____ Child's name _____