Child's Name: _____

SD Agency: _____

Attendance for the Month of: _____

Date	Day of the Week	Class	Time In & Out	Parents Initial
	S M T W TH F S			
	S M T W TH F S			
	S M T W TH F S			
	S M T W TH F S			
	S M T W TH F S			
	S M T W TH F S			
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	S M T W TH F S			
	S M T W TH F S			
	S M T W TH F S			

Parent Signature: