

Classroom: _____

Date: _____

	Child's Name	Time On	Signature	Unloading Time	Loading Time	Time Off	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
				Total	Total		

Pick Up - White

Drop Off - Gray

Staff Name	Position	Signature	Staff Name	Position	Signature