

UMCHS HEAD START Classroom Attendance Record

Center: _____

Month/Year: _____

CFA/Teacher: _____

B/ ST	Child's Name	Date	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Excused/ Unexcused		Attended/ Possible		%
1																																
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																
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16																																
17																																
18																																
19																																
20																																
21																																
22																																
23																																

Totals: _____

Daily % _____

Breakfast/Snack	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Lunch																															
Others: Breakfast/Snack	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Others: Lunch																															
# of Parent Volunteers																															

Reviews by: _____

Date: _____

Bus Arrival Time: _____

Bus Departure Time: _____

No Transportation Provided:

