

Head Count Sheet

Class:				Open Signature:																																				
Ratio:				Closer Signature:																																				
Date:																																								
Child's Name	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30																		
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# of Children Present																																								
/ = Child is Present				S= Switched Room			Comments:																																	
X = Child is NOT Present				D= Departed for Day																																				