# Teachers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PLEASE INITIAL TO SIGN YOUR CHILD IN OR OUT.

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| NAME | **MONDAY** | | **TUESDAY** | | **WEDNESDAY** | | **THURSDAY** | | **FRIDAY** | |
| **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** |
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