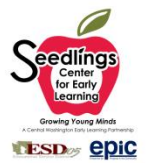


## Center Family Night / Parent Committee Sign in Sheet



HS  EHS  MSHS Site: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Date: \_\_\_\_\_

Room # / # de Salón de Clase	Child(ren) Name / Nombre de Niño(s)	Parent Name / Nombre del Padre o Madre	Parent Signature / Firma del Padre o Madre	Mark if attended Parent Committee	Parent Committee Time <u>ONLY</u>
				<input type="checkbox"/>	
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				<input type="checkbox"/>	

**\* Only Parent Committee portion should be counted as In-Kind**

Total Hours \_\_\_\_\_ x \$ \_\_\_\_\_ = Total In-Kind \$ \_\_\_\_\_ Center Manager Signature: \_\_\_\_\_

**\* This form will serve multiple purposes; to capture Family Engagement and In-Kind. This form should be completed by SITE not by individual classrooms. For In-Kind calculation, individual parents/guardians should only be counted once. If both parents attend, both are required to sign their names.**