

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration in hours (ex. 30 min= .5 hrs): \_\_\_\_\_  
 Name of Event/Activity: \_\_\_\_\_  
 Site/Classroom: \_\_\_\_\_



## Welcome! Please sign in:

UPK Child Name(s)	Adult's name(s)	Relationship to the child

## Welcome! Please sign in:

Choose One:       Site Event/Activity       Classroom Event/Activity

Check All That Apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Family Fun Night               | <input type="checkbox"/> Father/Male Role Model Event | <input type="checkbox"/> 2Gen Activity/Event       |
| <input type="checkbox"/> Ohio Healthy Programs Activity | <input type="checkbox"/> Action Team Meeting          | <input type="checkbox"/> Family Education Activity |
| <input type="checkbox"/> ASQ/DECA Activity              | <input type="checkbox"/> Family Learning Lab Event    | <input type="checkbox"/> Open House/Orientation    |
|   | <input type="checkbox"/> Parent/Teacher Conferences   | <input type="checkbox"/> Parent Education Session  |

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Duration in hours (ex. 30 min= .5 hrs): \_\_\_\_\_  
 Name of Event/Activity: \_\_\_\_\_  
 Site/Classroom: \_\_\_\_\_



Staff/Community Member Name	Title/Role

**Choose One:**

- Site Event/Activity       Classroom Event/Activity

**Check All That Apply:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Family Fun Night               | <input type="checkbox"/> Father/Male Role Model Event | <input type="checkbox"/> 2Gen Activity/Event       |
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