Form 3D Monthly Club Sign in Sheet

School Name: Facilitator’s Name:

For the Month/Year of: Session Length:

 **Program Name:**

Directions: Students, please sign your name and put a check mark for each day you attended the afterschool program. Facilitator, please complete the top portion and verify that students have signed in.

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| Student Name | Grade |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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