



# Summer Camp - Class Attendance

Camp Month/ Class – Age Group		Teacher(s) Name	
----------------------------------	--	--------------------	--

S.N o.	Student Name	DOB	AGE	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15



# Summer Camp - Daily Drop & Pickup - Acknowledgement

Date		Age Group		Teacher(s) Name	
------	--	-----------	--	-----------------	--

S. No.	Student Name	Dropped By (Name/Relation)	Time	Parent Signature	Picked up By (Name/Relation)	Time	Parent signature