

**CHILD ATTENDANCE FORM (Ages 6-17)**



SITE NAME: \_\_\_\_\_

FACILITATOR NAME(S): \_\_\_\_\_

SERIES BEGIN / END DATE: \_\_\_\_\_

Class Facilitator: Please make sure attendance is marked and a copy is sent to USU after each session with evaluations.

List of Participating Children (ages 6-17)		AGE	Session						Booster
			#1	#2	#3	#4	#5	#6	
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Office Use Only		
Class: _____	Cohort: _____	Agency: _____