



The UNIVERSITY of WESTERN ONTARIO  
Faculty of Education

Site \_\_\_\_\_ Date \_\_\_\_\_

Session Type:      Early Years \_\_\_\_      2-5 Years \_\_\_\_

Name of Parent/s \_\_\_\_\_

Name of Child \_\_\_\_\_ Age of Child \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

**Attendance Record**

Session 1	Yes ____	No ____	
Session 2	Yes ____	No ____	
Session 3	Yes ____	No ____	
Session 4	Yes ____	No ____	N/A ____
Session 5	Yes ____	No ____	N/A ____
Session 6	Yes ____	No ____	N/A ____