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Family Learning Sign In Form

Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer Name | Your children’s name(s) | Your children’s class(s) | I agree to be responsible for my children (Please tick) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |