

Parent Project – Parent Classes

SIGN IN SHEET

(Note: Please indicate the **DATE** of each Unit in the appropriate column)

****Please initial each day of training****

Name (Please Print)	Signature	Unit 1 Date: _____	Unit 2 Date: _____	Unit 3 Date: _____	Unit 4 Date: _____	Unit 5 Date: _____	Unit 6 Date: _____	Unit 7 Date: _____	Unit 8 Date: _____	Unit 9 Date: _____	Unit 10 Date: _____
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											

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Name (Please Print)	Signature	Unit 1 Date:	Unit 2 Date:	Unit 3 Date:	Unit 4 Date:	Unit 5 Date:	Unit 6 Date:	Unit 7 Date:	Unit 8 Date:	Unit 9 Date:	Unit 10 Date:
18.											
19.											
20.											
21.											
22.											
23.											
24.											

*******DUE AFTER THE LAST UNIT*******

PLEASE RETURN TO:
 Kern County Superintendent of Schools Office
 Attn: Sal Arias, School Community Partnerships –
 Blanton Ed Center Suite B
 1300 17th Street - CITY CENTRE
 Bakersfield, CA 93301-4533
 OR fax a copy to Attn: Sal Arias or Kerri Sherwood
 (661) 852-5694

