

SAMPLE LOG FILLED OUT - ONCE CAMP STARTS

Daily Log - Counts and Notes

Camper + YL	Snack	Initial	Book	Initial	Snack	Initial
Number	22	RD	22	RD	20	RD

Day of Week (circle one): **(M)** T W T F

Date (e.g. 4/3/24): 6/10/24

Group (circle one): FS MC SB **(SME)** Camper Drop-off 8:30-9:00, Pick-Up 4:10-4:30; YL Hours: 8:25-4:35
 Parent/Caregiver Check 1st morning: *check bolded each day Alternate Drop-Off and Pick-Up Times: 10:15, 1:30, 3:30
Water* **Lunch & 2 snacks*** **Layers*** Medications Mask Summer Only: Sunblock/Hat Confirm Pick Up Time & Place

#	Name	Pronouns	Check if Here Today	Notes, including alternate drop-off and pick-up times & things to share with parents. If child absent, add reason why if known, and cross out entire line.
1	Toby M.	He/him/his		epipen ✓
2	Abby T.	she		10:15 drop-off
3	Alice F.	She/they		wasp bite - baking soda paste, iced
4	Alonzo R.			PLAYING w/MAXWELL
5	Arlyn G.	She/her		3:30 pick up change in plans, regular time
6	Athena J.	She / her		LOVED HIKE
7	Autumn D.	She/her		INHALER ✓
8	Demian F.	He/him		out sick
9	Eleanor D.	They/them		
10	Judah F.	He/him		
11	Marcel F.	He/Him		
12	Maxwell S.	He/him		
13	Maya P.	She/her		
14	Oliver L.	He		
15	Ramona M.	They/them		
16	Theresa B.	she/they		
17	Thomas G.			
18	Rose			
19	Sydney			