

SAMPLE LOG FILLED OUT  
- TEAM MTG

## Daily Log - Counts and Notes

Camper + YL	Snack	Initial	Book	Initial	Snack	Initial
Number						

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	<b>Toby M.</b>	He/him/his		epipen
2	Abby T.			
3	Alice F.	She/they		No ibuprofen
4	Alonzo R.			
5	Arlyn G.	She/her		3:30 pick up
6	Athena J.	She / her		
7	Autumn D.	She/her		Inhaler
8	Demian F.	He/him		
9	<del>Eleanor D.</del>	<del>They/them</del>		OUT - returning from Trip - start tomorrow
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.			