

**ROMAN CATHOLIC DIOCESE OF PRINCE ALBERT**

**APPENDIX 9F – BABYSITTING ATTENDANCE FORM**

Event: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Please initial after each entry you make.

All individuals (including supervisors and any parents or others that stay for an extended period of time must be recorded).

FIRST NAME	LAST NAME	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT