

APPENDIX I  
Alabama First Class Pre-K Program  
**Family Involvement Sign-In**

Class Name: \_\_\_\_\_

County: \_\_\_\_\_

Teacher: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date of Activity \_\_\_\_\_ Time of Activity \_\_\_\_\_  
(EXAMPLE: 4:00 - 5:30)

Number in Attendance: \_\_\_\_\_

CHILD'S NAME	Parent/Guardian/s Family Representative Signature	Relation to Child
1.		
2.		
3.		
4.		
5.		
6.		
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20.		

Additional Information:

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