COLLEGE OF THE ROCKIES

Name of class: [ ]
Instructor Name: [ ]
Dates: [ ], Times: [ ]
College of the Rockies, Campus:[ ]

Parent / Guardian SIGN-IN Form

Please note instructor will be requiring ID for child pick-up.

Date:

Child First Name [Pre-fill names]	**Time IN**	**Guardian Initials**	**Time OUT**	**Guardian Initials**