

SESSION 1 - Start Time: \_\_\_\_\_:\_\_\_\_\_ Special Play Time: \_\_\_\_\_:\_\_\_\_\_ End Time: \_\_\_\_\_:\_\_\_\_\_

	Child's Name	Special Play Child (X)	Parent's Name	Hub/ Room #	Any Health Concerns? (circle)	Please Explain (i.e. allergy/asthma)
1					Y / N	
2					Y / N	
3					Y / N	
4					Y / N	
5					Y / N	
6					Y / N	
7					Y / N	
8					Y / N	
9					Y / N	
10					Y / N	
11					Y / N	
12					Y / N	
13					Y / N	
14					Y / N	

Bathroom Break: \_\_\_\_\_:\_\_\_\_\_ Staff Assigned (Must include at least 2 staff): \_\_\_\_\_ / \_\_\_\_\_

	Child's Name	Special Play Child (X)	Parent's Name	Hub/ Room #	Any Health Concerns? (circle)	Please Explain (i.e. allergy/asthma)
15					Y / N	
16					Y / N	
17					Y / N	
18					Y / N	
19					Y / N	
20					Y / N	
21					Y / N	
22					Y / N	
23					Y / N	
24					Y / N	
25					Y / N	
26					Y / N	
27					Y / N	
28					Y / N	
29					Y / N	
30					Y / N	