

**EARLY HEAD START
Play and Learn Sign in Sheet**

Date and Time

Home Visitor(s)

	Parent/Child Full Name (first and last)	Miles (round trip)	Transportation Provided (Taxi/Bus)	Request Mileage Reimbursement (yes/no)	Name of Home Visitor
Ex	<i>Johnny Doe</i>	<i>10</i>		<i>yes</i>	<i>Jane</i>
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