



## LEARNING GATE COMMUNITY SCHOOL PARENTING CLASS/VOLUNTEER HOURS LOG

Student Name(s): \_\_\_\_\_

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Activity or Event: \_\_\_\_\_ Event/Activity Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time for this Activity/Event: \_\_\_\_\_

Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Activity or Event: \_\_\_\_\_ Event/Activity Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time for this Activity/Event: \_\_\_\_\_

Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Activity or Event: \_\_\_\_\_ Event/Activity Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time for this Activity/Event: \_\_\_\_\_

Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Activity or Event: \_\_\_\_\_ Event/Activity Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time for this Activity/Event: \_\_\_\_\_

Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Activity or Event: \_\_\_\_\_ Event/Activity Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Total Time for this Activity/Event: \_\_\_\_\_

Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

**Complete and return to the front office to receive credit for your Volunteer Hours/ Parenting Class Hours**

**\*\*Parents ONLY may receive credit for attending Parent Education Class**

Date Entered \_\_\_\_\_