

**CHILD/FAMILY SERVICES
CENTER MEETING PLANNING SHEET**

Month: _____

Date of Meeting: _____

Center: _____

ITEM

PERSON(S) RESPONSIBLE

Facilitator of Ice Breaker

Ice Breaker Supplies (preparation/purchase)

Refreshments (preparation/purchase)

Translator

Name Tags/Forms

Greeting Parents

Child Care

Room Arrangement

Other _____

