

**SIGN-IN SHEET: ON-SITE**Program Number: D1133

Date: _____

FEEDING PROGRAMProgram Name: Glad Tidings**1st — 3rd grades & AFTERSCHOOL**

Please sign-in by checking the box of the meal being served. B: breakfast, L: lunch, D: dinner, S: snack
You may give your name if you would like. All food is available at NO COST.

Inicia sesión con marcando la casilla de la comida que se sirve. B: desayuno, L: almuerzo, D: cena, S: bocadillo
Usted puede dar su nombre si usted desea. Toda la comida está disponible SIN COSTO ALGUNO.

	Name (Optional) / Nombre (Opcional)	B	L	D	S
1	Date: _____				
2	1st — 3rd				
3	Heath, Raelynn				
4	Middleton, Malakot				
5	Morrow, Terryiah				
6	Olds, Treasure				
7	Williams, Christian				
8	Quarles, Shaylee				
9	Stuart, George				
10					
11	Afterschool				
12	Banks, Jordan				
13	Thompson, VoNai				
14	Williams, Marlie				
15					
16					
17					
18					
19					
20					

	Name (Optional) / Nombre (Opcional)	B	L	D	S
21	Date: _____				
22	1st — 3rd				
23	Heath, Raelynn				
24	Middleton, Malakot				
25	Morrow, Terryiah				
26	Olds, Treasure				
27	Williams, Christian				
28	Quarles, Shaylee				
29	Stuart, George				
30					
31	Afterschool				
32	Banks, Jordan				
33	Thompson, VoNai				
34	Williams, Marlie				
35					
36					
37					
38					
39					
40					
Totals / Totales					