

**SIGN-IN SHEET: ON-SITE**

Program Number:

D1133

Date:

**FEEDING PROGRAM**

Program Name:

Glad Tidings

Please sign-in by checking the box of the meal being served. B: breakfast, L: lunch, D: dinner, S: snack

**TODDLER 1**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	Davis, Layla				
3	Dukes, Iris				
4	Farley, Darrius				
5	Hussey, Shamira				
6	Law, Jeremy				
7	Lora, Marie				
8	Perkins, Isiah Jr.				
9	Rice, Courtney				
10	Richardson, Zoey				
11	Shobowale, Oliva				
12					
13					
14	Date: _____				
15	Davis, Layla				
16	Dukes, Iris				
17	Farley, Darrius				
18	Hussey, Shamira				
19	Law, Jeremy				
20	Lora, Marie				

	Name (Optional) / Nombre (Opcional)	B	L	D	S
21	Perkins, Isiah Jr.				
22	Rice, Courtney				
23	Richardson, Zoey				
24	Shobowale, Oliva				
25					
26					
27	Date: _____				
28	Davis, Layla				
29	Dukes, Iris				
30	Farley, Darrius				
31	Hussey, Shamira				
32	Law, Jeremy				
33	Lora, Marie				
34	Perkins, Isiah Jr.				
35	Rice, Courtney				
36	Richardson, Zoey				
37	Shobowale, Oliva				
38					
39					
40					
Totals / Totales					