

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

Date: _____

FEEDING PROGRAMProgram Name: Glad Tidings

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.**ARK**

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	Allen, Kennedy				
3	Cox, Maliya				
4	Hawkins, Aubrielle				
5	Henderson, Ashton				
6	Henderson, Jayla				
7	Mayes, Justice				
8	Richardson, Trinity				
9	Smith, Royce				
10	Thomas, Addilynn				
11	Young, Kali				
12					
13					
14					
15					
16					
17					
18					
19					
20					

	Name (Optional) / Nombre (Opcional)	B	L	D	S
21	Adams, Brooklynn				
22	Brown, L'Nya				
23	Dukes, Serah				
24	Henderson, Simone				
25	Hunter, Tristan				
26	Jackson, Aubrey				
27	Johnson, Taylor				
28	Quary, Nevaeh				
29	Martin, Amelia				
30	Mayes, John Jr.				
31	McNeely, Camauri				
32	McNeely, Jayse				
33	Parker, Alexa				
34	Spiller, James Jr.				
35	Thomas, Abricus				
36	Williams, Londyn				
37	Williams, Marcus				
38					
39					
40					
Totals / Totales					