

**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.**K4**

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	Addison, Bryland				
3	Ambroise, Donovan				
4	Bowens, Keon				
5	Daniels, Blake				
6	Davis, Tyler				
7	Hamilton, Joshua				
8	Hoskins, Logan				
9	Huskey, Abigail				
10	Johnson, Jacob				
11	Miles, Jazelle				
12	Perkins, Faith				
13	Ross, Tianna				
14	Smith, Micah				
15	Warner, KaLeiah				
16	Waxter, Layla				
17	Williams, Kelis				
18	Williams, London				
19					
20					

	Name (Optional) / Nombre (Opcional)	B	L	D	S
21	Date: _____				
22	Addison, Bryland				
23	Ambroise, Donovan				
24	Bowens, Keon				
25	Daniels, Blake				
26	Davis, Tyler				
27	Hamilton, Joshua				
28	Hoskins, Logan				
29	Huskey, Abigail				
30	Johnson, Jacob				
31	Miles, Jazelle				
32	Perkins, Faith				
33	Ross, Tianna				
34	Smith, Micah				
35	Warner, KaLeiah				
36	Waxter, Layla				
37	Williams, Kelis				
38	Williams, London				
39					
40					
Totals / Totales					