

**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 2You 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	Baheyadeen, Zendaya				
3	Cox, Maliya				
4	Frazer, Myrekus Jr.				
5	Hawkins, DeMara				
6	Smith, Kenneth				
7	Young, Kali				
8					
9	Date: _____				
10	Baheyadeen, Zendaya				
11	Cox, Maliya				
12	Frazer, Myrekus Jr.				
13	Hawkins, DeMara				
14	Smith, Kenneth				
15	Young, Kali				
16					
17	Date: _____				
18	Baheyadeen, Zendaya				
19	Cox, Maliya				
20	Frazer, Myrekus Jr.				

	Name (Optional) / Nombre (Opcional)	B	L	D	S
21	Hawkins, DeMara				
22	Smith, Kenneth				
23	Young, Kali				
24					
25	Date: _____				
26	Baheyadeen, Zendaya				
27	Cox, Maliya				
28	Frazer, Myrekus Jr.				
29	Hawkins, DeMara				
30	Smith, Kenneth				
31	Young, Kali				
32					
33	Date: _____				
34	Baheyadeen, Zendaya				
35	Cox, Maliya				
36	Frazer, Myrekus Jr.				
37	Hawkins, DeMara				
38	Smith, Kenneth				
39	Young, Kali				
40					
Totals / Totales					