

**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.**K5**

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	Brown, Lorenzo				
3	Craig, Zarah				
4	Davis, Ella				
5	Dukes, Cameron				
6	Garrison, Shannon				
7	Lewis, Quardale Jr.				
8	Mandingo, Faith				
9	Misoi, Lexi				
10	Stuart, Makenzie				
11	Tenn-Hue, Amelia				
12	Walker, Rhylan				
13					
14					
15					
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17					
18					
19					
20					

	Name (Optional) / Nombre (Opcional)	B	L	D	S
21	Date: _____				
22	Brown, Lorenzo				
23	Craig, Zarah				
24	Davis, Ella				
25	Dukes, Cameron				
26	Garrison, Shannon				
27	Lewis, Quardale Jr.				
28	Mandingo, Faith				
29	Misoi, Lexi				
30	Stuart, Makenzie				
31	Tenn-Hue, Amelia				
32	Walker, Rhylan				
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Totals / Totales					