

**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

You may give your name if you would like. All food is available at NO COST.**INFANTS**

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	Hamby, Ryder				
3	Johnson, Ayah				
4	Lindsay, Nova				
5	Parish, Eric				
6					
7					
8					
9	Date: _____				
10	Hamby, Ryder				
11	Ladd, Sophia				
12	Johnson, Ayah				
13	Lindsay, Nova				
14	Parish, Eric				
15					
16					
17	Date: _____				
18	Hamby, Ryder				
19	Ladd, Sophia				
20	Johnson, Ayah				

	Name (Optional) / Nombre (Opcional)	B	L	D	S
21	Lindsay, Nova				
22	Parish, Eric				
23					
24					
25	Date: _____				
26	Hamby, Ryder				
27	Ladd, Sophia				
28	Johnson, Ayah				
29	Lindsay, Nova				
30	Parish, Eric				
31					
32					
33	Date: _____				
34	Hamby, Ryder				
35	Ladd, Sophia				
36	Johnson, Ayah				
37	Lindsay, Nova				
38	Parish, Eric				
39					
40					
Totals / Totales					