HELPING HANDS, INC.
5522 S 3200 W • Suite 110
Taylorsville, UT 84129

Daily Sign In/Out Sheet with Meal Attendance

Provider Name _____ (after each meal circle the meal each child attended)

Date	Child's Name	Sign In/Out Times		Parent's Signature
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
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		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		

Date	Child's Name	Sign In/Out Times		Parent's Signature
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
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B A L P D E		Menu #:		
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		In		
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B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		
		In		
		Out		
B A L P D E		Menu #:		