

Mid-State Child Care Nutrition
Sign In/Sign Out Record

Provider Name:			Child's Name:			Parent/Guardian's Name:		Month and Year:
Date	Time In AM	Signature (First, Last)	Time Out AM	Signature (First, Last)	Time In PM	Signature (First, Last)	Time Out PM	Signature (First, Last)
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To be signed by Parent or Guardian Only!

Retain all CACFP Records for 5 years !