CHILD AND ADULT CARE FOOD PROGRAM
TIME IN/OUT SHEET

SPONSOR: DAY CARE SERVICE, INC. AGREEMENT NO. :1200270

PROVIDER: _____

TIME IN	TIME OUT	DATE	CHILD S NAME	SIGNATURE OF PERSON PICKING UP CHILD
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			
A P	A P			