FOOD FOR KIDS, INC.

Sponsor of the USDA Child & Adult Care Food Program

PARENT SIGN-IN/SIGN-OUT SHEET

Provider's ID #:_____ **Provider's Name:_____** **Claim Month:_____**

Name of Child Enrolled on the Food Program	Daily Meal Count B	A	L	P	D	E	Child #	Sign In	Depart Time	Name of Parent or Guardian of Child Printed Name	Signature of Parent or Guardian	Date Signed