

TITLE III AGING PROGRAM DAILY SIGN IN REGISTER

CENTER _____

DATE _____

Each participant that enters the senior center must provide their:

Arrival Time	Original Signature	C1 Meal Received	Arrival Time	Original Signature	C1 Meal Received
1. _____	_____	<input type="checkbox"/>	36. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	37. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	38. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	39. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	40. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	41. _____	_____	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	42. _____	_____	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	43. _____	_____	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	44. _____	_____	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	45. _____	_____	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>	46. _____	_____	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>	47. _____	_____	<input type="checkbox"/>
13. _____	_____	<input type="checkbox"/>	48. _____	_____	<input type="checkbox"/>
14. _____	_____	<input type="checkbox"/>	49. _____	_____	<input type="checkbox"/>
15. _____	_____	<input type="checkbox"/>	50. _____	_____	<input type="checkbox"/>
16. _____	_____	<input type="checkbox"/>	51. _____	_____	<input type="checkbox"/>
17. _____	_____	<input type="checkbox"/>	52. _____	_____	<input type="checkbox"/>
18. _____	_____	<input type="checkbox"/>	53. _____	_____	<input type="checkbox"/>
19. _____	_____	<input type="checkbox"/>	54. _____	_____	<input type="checkbox"/>
20. _____	_____	<input type="checkbox"/>	55. _____	_____	<input type="checkbox"/>
21. _____	_____	<input type="checkbox"/>	56. _____	_____	<input type="checkbox"/>
22. _____	_____	<input type="checkbox"/>	57. _____	_____	<input type="checkbox"/>
23. _____	_____	<input type="checkbox"/>	58. _____	_____	<input type="checkbox"/>
24. _____	_____	<input type="checkbox"/>	59. _____	_____	<input type="checkbox"/>
25. _____	_____	<input type="checkbox"/>	60. _____	_____	<input type="checkbox"/>
26. _____	_____	<input type="checkbox"/>	61. _____	_____	<input type="checkbox"/>
27. _____	_____	<input type="checkbox"/>	62. _____	_____	<input type="checkbox"/>
28. _____	_____	<input type="checkbox"/>	63. _____	_____	<input type="checkbox"/>
29. _____	_____	<input type="checkbox"/>	64. _____	_____	<input type="checkbox"/>
30. _____	_____	<input type="checkbox"/>	65. _____	_____	<input type="checkbox"/>
31. _____	_____	<input type="checkbox"/>	66. _____	_____	<input type="checkbox"/>
32. _____	_____	<input type="checkbox"/>	67. _____	_____	<input type="checkbox"/>
33. _____	_____	<input type="checkbox"/>	68. _____	_____	<input type="checkbox"/>
34. _____	_____	<input type="checkbox"/>	69. _____	_____	<input type="checkbox"/>
35. _____	_____	<input type="checkbox"/>	70. _____	_____	<input type="checkbox"/>