

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"/>	26. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	27. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	28. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	29. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	30. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	31. _____	_____	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	32. _____	_____	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	33. _____	_____	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	34. _____	_____	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	35. _____	_____	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>	36. _____	_____	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>	37. _____	_____	<input type="checkbox"/>
13. _____	_____	<input type="checkbox"/>	38. _____	_____	<input type="checkbox"/>
14. _____	_____	<input type="checkbox"/>	39. _____	_____	<input type="checkbox"/>
15. _____	_____	<input type="checkbox"/>	40. _____	_____	<input type="checkbox"/>
16. _____	_____	<input type="checkbox"/>	41. _____	_____	<input type="checkbox"/>
17. _____	_____	<input type="checkbox"/>	42. _____	_____	<input type="checkbox"/>
18. _____	_____	<input type="checkbox"/>	43. _____	_____	<input type="checkbox"/>
19. _____	_____	<input type="checkbox"/>	44. _____	_____	<input type="checkbox"/>
20. _____	_____	<input type="checkbox"/>	45. _____	_____	<input type="checkbox"/>
21. _____	_____	<input type="checkbox"/>	46. _____	_____	<input type="checkbox"/>
22. _____	_____	<input type="checkbox"/>	47. _____	_____	<input type="checkbox"/>
23. _____	_____	<input type="checkbox"/>	48. _____	_____	<input type="checkbox"/>
24. _____	_____	<input type="checkbox"/>	49. _____	_____	<input type="checkbox"/>
25. _____	_____	<input type="checkbox"/>	50. _____	_____	<input type="checkbox"/>