

# SIGN IN/OUT SHEET

# NUTRISERVICE, INC.

**\*\*\*\*To be completed ONLY by parent of each child on a daily basis\*\*\*\***

[illegible]

\*\*\*Payment may be denied for incomplete or blank information.

Provider signature: \_\_\_\_\_

## **INSTRUCTIONS FOR SIGN IN/SIGN OUT SHEET**

1. Fill in complete date
  2. Fill in child's first and last name
  3. Time in should be actual time of arrival
  4. Full parent signature required at time of arrival
  5. Time out should be actual time of departure
  6. Full parent signature required at time of departure
  7. Sign in/Sign out sheets must be submitted at end of month with menus.
  8. This copy is for caregiver to duplicate as needed.
- Please note that incomplete information may result in meal disallowances.