

Provider Name: _____

Weekly Child In/Out Times Report

Georgia Nutritional Services, Inc.

Week of: _____

| Child Name | Monday | | | Parent Initials | Tuesday | | | Parent Initials | Wednesday | | | Parent Initials | Thursday | | | Parent Initials | Friday | | | Parent Initials | Parent Signature | |
|------------|--------|----|-----|-----------------|---------|----|-----|-----------------|-----------|----|-----|-----------------|----------|----|-----|-----------------|--------|----|------|-----------------|------------------|--|
| | Meals | In | Out | | Meals | In | Out | | Meals | In | Out | | Meals | In | Out | | Meals | In | OutD | | | |
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