



United 4 Children  
 1310 Papin Street, Suite 100B  
 Saint Louis, MO 63103

### Child Nutrition Services Sign In and Out Form

Child's Name	Date	Time In	Time Out	Time In	Time Out	Parent's Signature

I certify that the above has been completed by the parent(s) or guardian or person bringing the child into the home or picking the child(ren) up and is true and correct.

Provider's signature \_\_\_\_\_

revised 1/23/18

