	ADC Daily Activity		
Participant's Name:  Date:			
	Activities Participated In	1:	
	Meals/Snacks:		
	Additional notes:		
Time In:		Time Out:	
(arrival at the day care center)		(departure from the day care center)	
	Participant's signature		
	Staff Signature		
	Witness if Participant unable	to sign	

(the owner or billing agent may not sign as a witness)