

ADC Daily Activity

Participant's Name: _____

Date: _____

Activities Participated In:

Meals/Snacks:

Additional notes:

Time In: *(arrival at the day care center)*

Time Out: *(departure from the day care center)*

Participant's signature

Staff Signature

Witness if Participant unable to sign (2 witnesses required)
(the owner or billing agent may not sign as a witness)

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