



## TEAM MEETING SIGN-IN

CHILD CARE PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PLEASE PRINT)	EMAIL AND/OR PHONE (IF NEW OR UPDATED)	✓ IF FIRST MEETING
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>