**Supporting Breastfeeding in Child Care Centers**

**Sign- In Sheet**

Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ Location of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Printed Name of Participant** | **Child Care**  **Facility Name** | **Child Care Facility’s address** | **Participant Signature** |
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| **Printed Name of Participant** | **Child Care**  **Facility Name** | **Child Care Facility’s address** | **Participant Signature** |
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