Attendance and Meal Count

For the month of :

Year 20

669-0291 or 888-488-7870

"I certify that the information on this and accompanying forms are true and correct to the best of my knowledge and food served meet CACFP requirements. I understand this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes."

Provider's Signature: Date (last day of month)

Children:

Mark Attendance		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Totals
Name ▾ Age I P S	B																																B
	AM																																AM
	L																																L
Enrolled Days & Hours:	PM																																PM
S M T W T F S	D																																D
Hrs:	BT																																BT

Mark Attendance		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Totals
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Enrolled Days & Hours:	PM																																PM
S M T W T F S	D																																D
Hrs:	BT																																BT

Age Categories

I = Infant

P = Preschool

S = School Age

♦ ♦ ***I am Claiming*** ♦ ♦

Holiday: _____

Date(s) school was out:

♦ **Send original to Child Care Links**

♦ **Keep the copy for your records**