

# ATTENDANCE / MONTHLY MEAL COUNT RECORD



Provider's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Month and Year \_\_\_\_\_

Licensing Level \_\_\_\_\_

# Infants under 12 mos. \_\_\_\_\_

# of provider's own children  
NOT attending school \_\_\_\_\_

DATE	ATTENDANCE	TOTAL	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVE SNACK
	DAILY							
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
<b>TOTAL</b>								

	*	AGE
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		

\* Please Indicate: N= new child  
W= withdrawn and date  
HS= Head Start  
K= Kindergarten

### CERTIFICATION

I certify that the information submitted is accurate in all respects, and that I understand this information is given in connection with the receipt of Federal Funds, and that deliberate misrepresentation may result in State or Federal prosecution.

SIGNATURE \_\_\_\_\_

MONTH/YR \_\_\_\_\_

Tier	Days	Child	Attend	Break	AM	Lunch	PM	Sup	EVE	Amount	Initial	Tier
1												
2												

For  
Official  
Use Only