



396 Tesconi Court  
 Santa Rosa CA 95401  
 (707) 544-3077  
 FAX (707) 544-2625

# MEAL ATTENDANCE RECORD

PROVIDER NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ CAPACITY \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

PLEASE PRINT LEGIBLY

		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	Total			
CHILD'S FULL NAME	B																																		B	
	Sam																																			S
	L																																			L
	Spm																																			S
	D																																			D
TIME SCHEDULE:																																				
CHILD'S FULL NAME	B																																		B	
	Sam																																			S
	L																																			L
	Spm																																			S
	D																																			D
TIME SCHEDULE:																																				
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CHILD'S FULL NAME	B																																		B	
	Sam																																			S
	L																																			L
	Spm																																			S
	D																																			
TIME SCHEDULE:																																				

Child count: \_\_\_\_\_

Monitor visit date/time \_\_\_\_\_

Staff Initials \_\_\_\_\_

IMPORTANT – List the date(s) of holiday(s) you were open during this month:

I certify that the information on the attached attendance records, menu sheets, and enrollment forms are true and correct in all respects; I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentations or withholding of information may result in prosecution under applicable State and Federal Statutes.

Signature \_\_\_\_\_ Date \_\_\_\_\_