



131-A Stony Circle, Suite 300
 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																																			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 _____