

Provider Name & #		Month /Year		Number of Operating Days/Week:	Please write menu number in the corresponding slot for child served.
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Please list Meal Service Time:
 Breakfast: AM Snack: Lunch: PM Snack: Supper: Evening Snack:

Enrolled Children	Name					Age		Name					Age		Name					Age		Date									
	A*	B	AM	L	PM	S	E	A*	B	AM	L	PM	S	E	A*	B	AM	L	PM	S	E		A*	B	AM	L	PM	S	E		
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30																															30
31																															31
Total																															
	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E			

*Please check Daily Attendance for each child

