

MONTHLY MEAL COUNT AND ATTENDANCE RECORD

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PROVIDER NAME:

MONTH/YEAR:____

Child Information	Meals	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	TIER
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DOB: Hours of Care:	AM Snack																																1 1
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