Attendance & Meal Count Record

Child Name: _____ Month/Year: _____

Date	Time In	Parent/ Provider Initials	Time Out	Parent/ Provider Initials	BRK	LUN	DIN	SN1	SN2	SN3
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										

Monthly Totals: MMK

BRK _____X$1.24(IRS Meal Rate) =_____ ____

LUN_____X$2.32(IRS Meal Rate) =_____ ____

Din _____X$2.32(IRS Meal Rate) =_____ ____

SNK ____$.69(IRS Meal Rate) = _____ _____

Total Food Expense: _____   MMK_____

Check List:

Enter hours into MMK_____

Enter *reimbursed* meals into MMK_____

Attach Monthly Child Hours Report _____

Meal Schedule

BRK 7-9   AMS 9:30-10:00
LUN 11:00-1:00 Mid-Day Snack (varies)
PMS 3:00-4:00 DIN 5:30-6:30

Record Keeping Note:
Place a (√) mark for each meal or snack served

For siblings write in the 1st letter of their 1st name and place a (√) mark for each meal or snack served

Key: A = Absent   AS= Sick   H =Holiday   AV = Absent Vacation   S = Saturday/Sunday