CHILD AND ADULT CARE FOOD PROGRAM

MEAL PARTICIPATION RECORD

CENTER: _____ MONTH: _____

		MEALS CLAIMED FOR REIMBURSEMENT							MEALS NOT REIMBURSEABLE		
DAY OF MONTH	DAILY ATTENDANCE	Breastfed By Mom	Brkfst	AM Snack	Lunch	PM Snack	Supper	Even Snack	PM Snack	Supper	Even Snack
1											
2											
3											
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28											
29											
30											
31											
Total Monthly Attendance											