



MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

25

Center Name _____

FREE PARTICIPANTS

CONFIDENTIAL INFORMATION

| CHILD'S NAME (Last, First) <i>Print names clearly; only first initial required</i> | Date IEF signed by parent | JUL <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | AUG <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | SEP <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | OCT <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | NOV <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | DEC <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | JAN <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | FEB <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | MAR <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | APR <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | MAY <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year | JUN <hr style="width: 100%; border: none; border-top: 1px solid black;"/> year |
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| Totals | | | | | | | | | | | | | |