CHILD & ADULT CARE FOOD PROGRAM
SPONSORED BY RCDC

DAILY ATTENDANCE AND MEAL COUNT ROSTER

Provider: _____

WEEK OF: _____

	Name	AGE	Date							Date							Date							Date							Date						
			A	B R	AM	L	PM	D	B T	A	B R	A M	L	P M	D	B T	A	B R	A M	L	P M	D	B T	A	B R	A M	L	P M	D	B T	A	B R	A M	L	P M	D	B T
1																																					
2																																					
3																																					
4																																					
5																																					
6																																					
7																																					
8																																					
9																																					
10																																					
11																																					
12																																					
13																																					
14																																					
15																																					
16																																					
17																																					
18																																					
19																																					
20																																					
		Attendance																																			
		Breakfast																																			
		Am Snack																																			
		Lunch																																			
		Pm snack																																			
		Dinner																																			
		Bedtime snack																																			

WEEKLY TOTALS	Weekly Attendance _____ Br _____ Am _____ Lunch _____ Pm _____ Dinner _____ Bt _____
First page only **MONTHLY TOTALS**	BR_____ Lunch _____ Dinner _____ Snacks_____ Monthly attendance _____ AM _____ PM _____ BT _____

Signature: _____ **Please sign each page** **Date:** _____