Monthly Meal Count Record

Day Care Provider _____ Phone _____

Month/Year _____/_____

Level _____

Infants below 12 mos _____

Children between 12-24 mos _____

Pre-school 2-4 yrs _____

5 yrs NOT attending Kindergarten _____

Attending K/School 5 - 12 yrs _____

Ages of providers own children not attending school _____

Do you claim your own children? Y N

Date	Break-fast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

ENROLLED Children served during the month

		Child's Age
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Signature _____

I certify that the information submitted is accurate in all respects, and that I understand this information is given in connection Federal Funds, and that deliberate misrepresentation may result in State or Federal prosecution.

Office Use

Att Total	# Enroll	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack	Initial