

Weekly Meal Count with Attendance by FRP

Sponsor: TEST Sponsor
 Site Name: TEST Child Care
 Site Address: 123 Main Street

				# corresponds to daily attendance																			
Name	Group ID - Site ID	Code	Age	Mon 05/10/2021				Tue 05/11/2021				Wed 05/12/2021				Thu 05/13/2021				Fri 05/14/2021			
				#	B	L	P	#	B	L	P	#	B	L	P	#	B	L	P	#	B	L	P
Child 1		1	3Y 6M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Child 2		1	4Y 0M																	X	X		
Child 3		1	4Y 0M																				
Child 4		1	5Y 1M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Child 5		1	3Y 11M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Child 6		3	4Y 9M																				
Child 7		1	3Y 4M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Child 8		1	4Y 1M	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	
Child 9		1	1Y 11M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Child 10		1	1Y 11M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Child 11		1	3Y 8M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Daily Meal Count Totals - 1	8	8	8	8	7	7	7	7	8	8	8	7	8	8	8	8	9	9		
Daily Meal Count Totals - 3																				
Weekly Totals - 1	40	40	31	30																
Weekly Totals - 3																				

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature

Date