

Attendance Meal Count



Child Care Consultants, Inc.
29 North Duke Street
York PA 17401

I certify that the information submitted on this form is accurate in all respects.

Name _____

Provider Signature _____ Date _____

Month _____

Child's Name																																Snacks														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Attn	Break	Lunch	Supper	AM	PM	EVE							
	Attendance																																													
	Breakfast																																													
	Lunch																																													
	Supper																																													
	AM Snack																																													
Age	PM Snack																																													
	Eve.Snack																																													
	Attendance																																													
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(For office use only)

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