| Meal Count | |
|------------|--|
| | |

C H I L D

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

| 1 | certify | that the | information | submitted | on this | form is | accurate in | all | respects |
|---|---------|--------------|-----------------|-------------|---------|----------|-------------|------|----------|
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Name_____

Month___

Snacks Provider Signature_ Attn Break Lunch Supper AM PM EVE 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 Child's Name Attendance Breakfast Lunch Supper AM Snack Age PM Snack Eve.Snack Attendance Breakfast Lunch Supper AM Snack PM Snack Age Eve.Snack Attendance Breakfast Lunch Supper AM Snack PM Snack Age Eve.Snack Attendance Breakfast Lunch Supper AM Snack Age PM Snack Eve.Snack Attendance Breakfast Lunch Supper AM Snack Age PM Snack Eve.Snack Attendance Breakfast Lunch Supper AM Snack PM Snack Age Eve.Snack (For office use only) Page Totals cacfp@childcareconsultants.org Enrolled ADA Total for all pages