Southwest Food Program Daily Meal/Snack Attendance

Provider's Printed Name _____

Page ___ of ____ Claim month/Yr ____ / ____

Mark up to 3 X's per day

Mark Sch Age	Child's Full Name	Age ⬇	→ Date	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	
	1)		B																																
			AM																																
			L																																
			PM																																
			S																																
			EVE																																
	2)		B																																
			AM																																
			L																																
			PM																																
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			EVE																																
	3)		B																																
			AM																																
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	4)		B																																
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			EVE																																
	5)		B																																
			AM																																
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			PM																																
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			EVE																																
	6)		B																																
			AM																																
			L																																
			PM																																
			S																																
			EVE																																
	Daily Child Total (Total children in care each day)																																		

School Age Out Days

_____

_____

Other Comments

OFFICE USE ONLY

OPEN	
B	
AM	
L	
PM	
S	
E	
ATT	
C #	

I Certify that all meals/snacks recorded on this form are a fully accurate representation of attendance.

_____

Provider Signature

Rec'd Date _____

Capacity _____

Reviewers _____