Meal Count

Please star (*) the names of your own children. You may claim up to 2 meals and 1 snack or 2 snacks and 1 meal per day per child.
Children must be in attendance and served during the meal service time to be claimed. Menus and Meal Counts must be kept up daily.

		Date	Date	Date	Date	Date	Date	Date
Name (First and Last)		SUN	MON	TUES	WED	THU	FRI	SAT
1. John Smith	Age__2____	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE
2.	Age_____	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE
3.	Age_____	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE
4.	Age_____	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE
5.	Age_____	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE
6.	Age_____	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE	B AM L PM D EVE

Meal Service Times **DAILY TOTALS** **WEEKLY TOTALS**

	BREAKFAST								
	AM SNACK								
11-12	LUNCH		1	1	1	1	1		5
2-3	PM SNACK		1	1	1	1	1		5
5-6	DINNER		1	1	1	1	1		5
	EVENING SNACK								

Be sure to keep at least two hours from the end of one meal to the beginning of the next meal.

Sign in/out

Child Name	Print Parent Name	Date	Time in	Signature	Time Out	Signature	Time in	Signature	Time Out	Signature
1. John Smith	Pam Smith	5/11	10am	*Pam Smith*	7pm	*Pam Smith*				
		5/12	10am	*Pam Smith*	7pm	*Pam Smith*				
		5/13	10am	*Pam Smith*	7pm	*Pam Smith*				
		5/14	10am	*Pam Smith*	7pm	*Pam Smith*				
		5/15	10am	*Pam Smith*	7pm	*Pam Smith*				
2.										
3.										
4.										
5.										
6.										