# Meal Attendance Sheet

Mid Michigan Child Care Food Program

| | |
|---|---|
| Food Program ID# | |
| Month & Year | |
| Number of Attendance Sheets for this claim. | _____ of _____ Total |

**Reminders:**
- Enclose a shift form, for any meals in which you served in shifts.
- Make sure you write "H.M." or "S.D." on the menu where needed.
- If you served a new child this month, please be sure to enclose a new child registration letter.

| | |
|---|---|
| Provider Name (Print): | |
| Licensed Provider Signature: | |
| Address: | |
| City, State, Zip: | |
| Phone No. | |
| License No. or Relative Care Billing No. | |
| Date: | |
| E-mail Address: | |

| Times of Servings | B | | Am | | L | | Pm | | S | | Eve | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Child's Full Name (First/Last) | | | | | | | | | | | | | | | | | | | | | | | | | Child's Age | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | TOTAL |
| Breakfast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| AM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AM |
| Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L |
| PM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PM |
| Supper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| EVE Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EVE |

| Child's Full Name (First/Last) | | | | | | | | | | | | | | | | | | | | | | | | | Child's Age | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| Breakfast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| AM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AM |
| Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L |
| PM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PM |
| Supper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| EVE Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EVE |

| Child's Full Name (First/Last) | | | | | | | | | | | | | | | | | | | | | | | | | Child's Age | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| Breakfast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| AM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AM |
| Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L |
| PM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PM |
| Supper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| EVE Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EVE |

| Child's Full Name (First/Last) | | | | | | | | | | | | | | | | | | | | | | | | | Child's Age | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L |
| PM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PM |
| Supper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| EVE Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EVE |

| Child's Full Name (First/Last) | | | | | | | | | | | | | | | | | | | | | | | | | Child's Age | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| Breakfast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| AM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AM |
| Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L |
| PM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PM |
| Supper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| EVE Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EVE |

| Child's Full Name (First/Last) | | | | | | | | | | | | | | | | | | | | | | | | | Child's Age | | | | | | | |
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| Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L |
| PM Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PM |
| Supper | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| EVE Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EVE |

| Monthly TOTALS | Breakfast | | AM Snack | | Lunch | | PM Snack | | Supper | | EVE Snack | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Messages:**

**(If more space is needed, attach an additional sheet of paper.)**

USDA is an equal opportunity provider and employer.

I acknowledge that I have been fully informed about the food and nutrition requirements established by the Federal Child Care Food Program regulations and certify that I have fully complied with said requirements, AND I certify that I am not submitting for reimbursement (money) for these meals through any other Child Care Food Program Sponsor, and I understand that deliberate misrepresentation may result in State or Federal prosecution, AND I served all meals indicated on this form. This information is true and accurate to the best of my ability. I certify that information submitted is accurate in all respects; that it is given in connection with the receipt of Federal funds that deliberate misrepresentation may result in State or Federal Prosecution. Meals claimed are ONLY for meals meeting Child Care Food Program requirements served to day care children, foster children, and your own children 12 years old and under. To claim your own and/or foster children, at least one day care child must be served at the same meal, and you must meet the federal income guidelines.