DAILY ATTENDANCE for the month of _____20_____

PROVIDER:

Minute Menu Child #	**Date**	**CHILD'S** FIRST NAME/LAST INITIAL	**Age**	**TIME IN**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	TIME OUT	STAFF INITIAL	TIME IN	STAFF INITIAL	**TIME OUT**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	MEALS SERVED
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S

DAILY ATTENDANCE for the month of _____20_____

PROVIDER:

Minute Menu Child #	**Date**	**CHILD'S** FIRST NAME/LAST INITIAL	**Age**	**TIME IN**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	TIME OUT	STAFF INITIAL	TIME IN	STAFF INITIAL	**TIME OUT**	**PARENT SIGNATURE** (OR AUTHORIZED PERSON)	MEALS SERVED
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S
												B S L S D S