



MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

21

Center Name _____

PAID PARTICIPANTS

CONFIDENTIAL INFORMATION

CHILD'S NAME (Last, First) <i>Print names clearly; only first initial required</i>	Date IEF signed by parent	JUL <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	AUG <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	SEP <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	OCT <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	NOV <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	DEC <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	JAN <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	FEB <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	MAR <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	APR <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	MAY <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year	JUN <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> year
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