



MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

24

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	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		_____ year	_____ year	_____ year	_____ year	_____ year	_____ year	_____ year	_____ year	_____ year	_____ year	_____ year	_____ year
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