



MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

21

Center Name _____

REDUCED 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 |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | |
| 19. | | | | | | | | | | | | | |
| 20. | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | |