



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 <hr style="width: 100%;"/> year	AUG <hr style="width: 100%;"/> year	SEP <hr style="width: 100%;"/> year	OCT <hr style="width: 100%;"/> year	NOV <hr style="width: 100%;"/> year	DEC <hr style="width: 100%;"/> year	JAN <hr style="width: 100%;"/> year	FEB <hr style="width: 100%;"/> year	MAR <hr style="width: 100%;"/> year	APR <hr style="width: 100%;"/> year	MAY <hr style="width: 100%;"/> year	JUN <hr style="width: 100%;"/> year
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