



# MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

25

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 <hr/> year	AUG <hr/> year	SEP <hr/> year	OCT <hr/> year	NOV <hr/> year	DEC <hr/> year	JAN <hr/> year	FEB <hr/> year	MAR <hr/> year	APR <hr/> year	MAY <hr/> year	JUN <hr/> year
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